Lifespan Development Notes

Lifespan Development (Christ (Deemed To Be University))

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Unit-1:Introduction

- **Importance of lifespan development**
- **Historical Perspective**
- **Characteristics of Lifespan development**
- **Nature of development**
- **Overview of theories of Development- Freud, Erikson, Piaget, Vygotsky,**
- **Information processing, Behavioral, Social, Cognitive, Ethological and Ecological theories**
- **Major issues and debates in Developmental Psychology,**
- **Studying Development- Sequential, Cross sectional and longitudinal approaches.**

Importance of LifeSpan Development:

Definition: It is the pattern of movement or change that begins at conception and continues through the human lifespan. Most development involves growth, although it also includes decline brought on by aging and dying.

1. **Life-span perspective:** The perspective that development is lifelong, multidimensional, multidirectional, plastic, multidisciplinary, and contextual; involves growth, maintenance, and regulation; and is constructed through biological, socio-cultural, and individual factors working together.
2. It is the scientific study of how and why people change or remain the same over time.
3. It mostly consists of growth, but also decline (death).

The Study of LifeSpan Development helps us understand:

- Who we are .
- How we came to be this way.
- Where our future will take us.
- It also helps in dealing in a better way with ourselves and others.

Historical Perspective

Medieval Times:

- Childhood was regarded as a separate period in life during the Earlier periods of fifth and sixth centuries.
- Written texts contained terms that distinguished children under the age of 7 or 8 from other people.
- There were manuals explaining child care, health, feeding and so on.

The Reformation:

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- Children were considered to be born evil, stubborn and had to be civilised.
- Changes in child rearing pattern from severity to permissiveness.

The Evolution of Philosophies of Life Span Development.

Philosophies	Psychologist	Thought
Philosophies of Enlightenment:	John Locke	1. Tabula Rasa- The mind is a blank slate. 2. Regarded development as continues.
	Jean Jacques Rousseau	1. Children are noble savages , naturally endowed with a sense of right and wrong. 2. Child Centred Philosophy- taste and maturation.
Scientific Beginnings	Charles Darwin	1. Theory of Evolution. 2. Survival of the fittest. 3. Theory of Natural selection
The Normative Period	Stanley Hall Arnold Gesell	1. Founder of Child Study Movement- Stanley Hall 2. Maturation process 3. Normative approach
The Mental Testing Movement	Alfred Binnet	1. Intelligence testing (on request from the french government)
	James Mark Baldwin	1. Early Development Theorist 2. Equal Importance for Nature and Nurture.

Characteristics of Lifespan Development

1. Lifelong :

- There is no end point for development.
- No age period dominates development.

2. Multidimensional:

- At every age there is a change in body, mind and relationship.
- Development consists of biological, cognitive and socioemotional dimensions.
- Even within a dimension, there are many components—for example, attention, memory, abstract thinking, speed of processing information, and social intelligence .

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3. Multidirectional:

- Some dimensions or components of a dimension expand or shrink.
- For Example: During adolescence, as individuals establish romantic relationships, their time spent with friends may decrease. During late adulthood, older adults might become wiser by being able to call on experience to guide their intellectual decision making, but they perform more poorly on tasks that require speed in processing information .

4. Plastic (Plasticity):

- The capacity for change.
- Researchers have found that the cognitive skills of older adults can be improved through training and developing better strategies.
- However, possibly we possess less capacity for change when we become old.

5. Multidisciplinary:

- Studied in multiple disciplines such as; Psychology, Neuroscience, Medical, Anthropology, Sociology.
- Psychologists, sociologists, anthro- pologists, neuroscientists, and medical researchers all share an interest in unlocking the mysteries of development through the lifespan.

6. Contextual

- All development occurs in a context.
- Individuals are changing beings in a changing world. As a result of these changes, contexts exert three types of influences:
    1. **Normative age graded influence**- Similar for individuals in a particular age group. These influences include biological processes such as puberty and menopause. They also include sociocultural, environmental processes such as beginning formal education and retirement .
    2. **Normative history-graded influence-** Common to people of a particular generation because of historical circumstances. Examples of normative history-graded influence include economic, political, and social upheavals such as the Great Depression in the 1930s, World War II in the 1940s etc.
    3. **Non-normative or highly individualistic life events-** Occurrences that have a major impact on the individual's life. These events do not happen to all people, and when they do occur they can influence people in different ways.

7. Involves Growth, Maintenance and Regulation of Loss:

- Life often involves conflicts and competition among three goals of human development: growth, maintenance, and regulation of loss.
- As individuals age into middle and late adulthood, the maintenance and regulation of loss in their capacities takes center stage away from growth.

8. Is a Co-construction of Biology, Culture and the Individual

- Development is a co-construction of biological, cultural, and individual factors working together.

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- For example, the brain shapes culture, but it is also shaped by culture and the experiences that individuals have or pursue**.**

Nature of Development

Development is a pattern of change that begins at conception and continues through the life span. The pattern is complex because it is the product of **biological, cognitive, and socioemotional processes.**

Process	Definition	Examples
Biological Processes:	Changes in an individual's physical nature.	● Genes inherited from parents ● The development of the brain ● Height and weight gains ● Changes in motor skills, nutrition, exercise ● Hormonal changes of puberty,
Cognitive Processes	Changes in the individual's thought, intelligence, and language.	● Putting together a two-word sentence ● Memorizing a poem ● Imagining ● Solving a crossword puzzle.
Socioemotional Processes	Changes in the individual's relationships with other people, changes in emotions, and changes in personality	● An infant's smile in response to a parent's touch ● A school-age child's development of assertiveness ● An adolescent's joy at the senior prom ● Affection of an elderly couple

Connecting Biological, Cognitive, and Socioemotional Processes

- Biological, cognitive, and socioemotional processes are inextricably intertwined
- Example: Consider a baby smiling in response to a parent's touch. This response depends on biological processes (the physical nature of touch and responsiveness to it), cognitive processes (the ability to understand intentional acts), and socioemo- tional processes (the act of smiling that often reflects a positive emotional feeling and helps to connect us in positive ways with other human beings).
- Biological processes can influence cognitive processes and vice versa.
- **Developmental cognitive neuroscience-** which explores links between development, cognitive processes, and the brain.
- **Developmental social neuroscience-** which examines connections between socio-emotional processes, development, and the brain.

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Periods of Development:

A developmental period refers to a time frame in a person's life that is characterized by certain features.

There are 8 Periods of Development:
1. Prenatal: Conception to birth.
2. Infancy: 18 -24 months
3. Early Childhood: Infancy to 5-6 years
4. Middle and late Childhood : 6- 11 years
5. Adolescence: 10-12 to 18 to 21
6. Early Adulthood: Early 20s to 30s
7. Middle Adulthood: 40 to 60 years
8. Late Adulthood: 60 -70 until death

1. **Prenatal**
- From a single cell to a complete organism.
- takes place in a nine month period.
The prenatal period is the time from conception to birth. It involves tremendous growth—from a single cell to an organism complete with brain and behavioral capabilities—and takes place in approximately a nine-month period.

THE GERMINAL STAGE

- Fertilization – 2 weeks: Germinal Stage
- Shortest stage of development.
- Conception occurs when the sperm fuses with the ovum and forms the zygote.
- 36 hours later, mitosis happens.
- Rapid cell division forms blastocyst, fluid filled spheres.
- Trophoblast: outer layer of the cells, provide nutrition and support the embryo.
- Implantation: The mass of cell moves slowly along the mother's fallopian tube to the uterus lining. Blastocyst implants in the endometrium of the uterus.

THE EMBRYONIC STAGE

- 2 – 8 weeks, ends in the 2 nd month
- Zygote changes into - Embryo is formed
- Layers of cell:
  a) endoderm (which will become the digestive and respiratory systems),
  b) mesoderm (which will become the muscle and skeletal systems),
  c) ectoderm (which will become the skin and nervous system)
- Amniotic sac, Placenta, Umbilical cord, Organogenesis (organ formation)
- Critical period, spontaneous abortion
- Sex differentiation
- First month: 3 rd to 4 th week.

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- Around the fourth week, the head begins to form quickly followed by the eyes, nose,
- ears, and mouth.
- Second month: 5 th to 8 th week, rapid growth continuous – eyes, ears, jaws and neck form
- Tiny buds- arms and legs, internal organs become more distinct
- Upright position due to changing proportions.

THE FETAL STAGE

- Embryo becomes foetus.
- Two months after conception.
- Bones and muscles form, and the fetus begins to move inside the uterus.
- During the last stage, respiratory and digestive system start working, Sensory system
- develop. neural tube develops into the brain and spinal cord and neurons continue to form.
- Heartbeat gets strong, external genitals are well formed. Reflexes increase
- Definite sleep-wake patterns
- Vernix caseosa: is the waxy or cheese-like white substance found coating the skin of
- new-born human babies. It is produced by dedicated cells and is thought to have
- some protective roles during foetal development and for a few hours after birth.
- Lanugo: Lanugo is very thin, soft, usually unpigmented, downy hair that is
- sometimes found on the body of a foetal or new-born human.

2. **Infancy:**
- Extreme dependence on adults
- Psychological activities: Language, symbolic thought, sensorimotor coordination, social learning

Infancy is the developmental period from birth to 18 or 24 months. Infancy is a time of extreme dependence upon adults. During this period, many psychological activities—language, symbolic thought, sensorimotor coordination, and social learning, for example—are just beginning.

3. **Early Childhood**
- "preschool years."

Early childhood is the developmental period from the end of infancy to age 5 or 6. This period is sometimes called the "preschool years." During this time, young children learn to become more self-sufficient and to take care of themselves, develop school readiness skills (following instructions, identifying letters), and spend many hours in play with peers. First grade typically marks the end of early childhood.

4. **Middle and late childhood**
- elementary school years

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- fundamental skills of reading, writing, and arithmetic are mastered.
- Achievement - central theme

Middle and late childhood is the developmental period from about 6 to 11 years of age, approximately corresponding to the elementary school years. During this period, the fundamental skills of reading, writing, and arithmetic are mastered. The child is formally exposed to the larger world and its culture. Achievement becomes a more central theme of the child's world, and self-control increases.

5. Adolescence

- rapid physical changes
- The pursuit of independence and an identity

Adolescence is the developmental period of transition from childhood to early adulthood, entered at approximately 10 to 12 years of age and ending at 18 to 21 years of age. Adolescence begins with rapid physical changes—dramatic gains in height and weight, changes in body contour, and the development of sexual characteristics such as enlargement of the breasts, growth of pubic and facial hair, and deepening of the voice. At this point in development, the pursuit of independence and an identity are prominent. **Thought is more logical, abstract, and idealistic**. More time is spent outside the family.

6. Early adulthood

Early adulthood is the developmental period that begins in the early 20s and lasts through the 30s. It is a time of establishing **personal and economic independence**, career development, and for many, selecting a mate, learning to live with someone in an intimate way, starting a family, and rearing children.

7. Middle Adulthood

Middle adulthood is the developmental period from approximately 40 years of age to about 60. It is a time of **expanding personal and social involvement and responsibility**; of assisting the next generation in becoming competent, mature individuals; and of reaching and maintaining satisfaction in a career.

8. Late Adulthood

- longest span of any period of development

Late adulthood is the developmental period that begins in the 60s or 70s and lasts until death. It is a time of **life review, retirement, and adjustment to new social roles** involving decreasing strength and health.

<u>Developmental Issues</u>

1. Nature and Nurture

The nature-nurture issue involves the extent to which development is influenced by nature and by nurture. Nature refers to an organism's biological inheritance. Nurture is its environmental experiences.

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It refers to the debate about **whether development is primarily influenced by nature or nurture**. Nature refers to an organism's biological inheritance, nurtured by its environmental experiences. The "**nature proponents**" claim biological inheritance is the most important influence on development; the "**nurture proponents**" claim that environmental experiences are the most important.

2. Stability and Change

The stability-change issue involves the degree to which we become older renditions of our early experience (stability) or whether we develop into someone different from who we were at an earlier point in development (change). **The degree to which early traits and characteristics persist or change as a person matures.**

Some developmentalists say 'stability is the result of heredity and possibly early experiences in life'. Those who emphasise on Change say 'later experiences can produce change.'

3. Continuity and Discontinuity

Focuses on the extent to which development involves gradual, cumulative change (continuity) or distinct stages (discontinuity).

Continuity - Developmental phenomenon represents a smooth progression throughout life.

Discontinuity - Developmental phenomenon represents a series of abrupt shifts.

Theories of Development (Page 62 of pdf; 19 of book, Chapter 1, 9th Edition A Tropical Approach)

- Psychoanalytic Theories

  Describe development as primarily unconscious (beyond awareness) and heavily colored by emotion. Behavior is merely a surface characteristic, and the symbolic workings of the mind have to be analyzed to understand behavior. Early experiences with parents are emphasized.

Freud's Theory

One's problems were the result of experiences early in life.
Our adult personality, Freud (1917) claimed, is determined by the way we resolve conflicts between sources of pleasure at each stage and the demands of reality.

- *Oral Stage* (Birth to 1 ½ Years)- Infant's pleasure centers on the mouth.
- *Anal Stage* (1 ½ to 3 Years)- Child's pleasure focuses on the anus.
- *Phallic Stage* (3 to 6 Years)- Child's pleasure focuses on the genitals.
- *Latency Stage* (6 Years to Puberty)- Child represses sexual interest and develops social and intellectual skills.
- *Genital Stage* (Puberty Onward)- A time of sexual reawakening; source of sexual pleasure becomes someone outside the family.

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Erikson's Theory

Includes **eight stages of human development**. Each stage consists of a unique developmental task that confronts individuals with a crisis that must be resolved. The more successfully an individual resolves the crisis, the healthier development will be.

- *Trust versus mistrust* (Stage 1): Experienced in the first year of life. Trust in infancy sets the stage for a lifelong expectation that the world will be a good and pleasant place to live.

- *Autonomy versus shame and doubt* (Stage 2)*:* This stage occurs in late infancy and toddlerhood (1 to 3 years). After gaining trust in their caregivers, infants begin to discover that their behavior is their own. They start to assert their sense of independence or autonomy. They realize their will. If infants and toddlers are restrained too much or punished too harshly, they are likely to develop a sense of shame and doubt.

- *Initiative versus guilt* (Stage 3): Occurs during the preschool years. As preschool children encounter a widening social world, they face new challenges that require active, purposeful, responsible behavior. Feelings of guilt may arise, though, if the child is irresponsible and is made to feel too anxious.

- *Industry versus inferiority* (Stage 4)*:* Occurs approximately in the elementary school years. Children now need to direct their energy toward mastering knowledge and intellectual skills. The negative outcome is that the child may develop a sense of inferiority—feeling incompetent and unproductive. During the adolescent years, individuals face finding out who they are, what they are all about, and where they are going in life.

- *Identity versus identity confusion* (Stage 5)*:* If adolescents explore roles in a healthy manner and arrive at a positive path to follow in life, then they achieve a positive identity; if not, then identity confusion reigns.

- *Intimacy versus isolation* (Stage 6)*:* Individuals experience during the early adulthood years. At this time, individuals face the developmental task of forming intimate relationships. If young adults form healthy friendships and an intimate relationship with another, intimacy will be achieved; if not, isolation will result.

- *Generativity versus stagnation* (Stage 7)*:* Occurs during middle adulthood. By generativity Erikson means primarily a concern for helping the younger generation to develop and lead useful lives. The feeling of having done nothing to help the next generation is stagnation.

- *Integrity versus despair* (Stage 8)*:* Individuals experience in late adulthood. During this stage, a person reflects on the past. If the person's life review reveals a life well spent, integrity will be achieved; if not, the retrospective glances likely will yield doubt or gloom—the despair Erikson described.

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- Cognitive Theory

  Cognitive theories emphasize on conscious thoughts. Three important cognitive theories are Piaget's cognitive developmental theory, Vygotsky's sociocultural cognitive theory, and the information-processing theory.

Piaget's Cognitive Developmental Theory

Piaget's theory states that children go through four stages of cognitive development as they actively construct their understanding of the world. Each stage is age-related and consists of a distinct way of thinking, a different way of understanding the world.

- The **sensorimotor stage** (birth to about 2 years): In this stage, infants construct an understanding of the world by coordinating sensory experiences (such as seeing and hearing) with physical, motoric actions—hence the term sensorimotor .
- The **preoperational stage**(approximately 2 to 7 years): In this stage, children begin to go beyond simply connecting sensory information with physical action and represent the world with words, images, and drawings. However, according to Piaget, preschool children still lack the ability to perform what he calls operations, which are internalized mental actions that allow children to do mentally what they previously could only do physically. For example, if you imagine putting two sticks together to see whether they would be as long as another stick, without actually moving the sticks, you are performing a concrete operation.
- The **concrete operational stage**(approximately 7 to 11 years): In this stage, children can perform operations that involve objects, and they can reason logically when the reasoning can be applied to specific or concrete examples. For instance, concrete operational thinkers cannot imagine the steps necessary to complete an algebraic equation, which is too abstract for thinking at this stage of development.
- The **formal operational stage**(11 and 15 and continues through adulthood): In this stage, individuals move beyond concrete experiences and think in abstract and more logical terms. As part of thinking more abstractly, adolescents develop images of ideal circumstances. They might think about what an ideal parent is like and compare their parents to this ideal standard. They begin to entertain possibilities for the future and are fascinated with what they can be. In solving problems, they become more systematic, developing hypotheses about why something is happening the way it is and then testing these hypotheses.

Vygotsky's Sociocultural Cognitive Theory

Vygotsky's theory is a sociocultural cognitive theory that emphasizes how culture and social interaction guide cognitive development. Vygotsky portrayed the child's development as inseparable from social and cultural activities. He maintained that cognitive development involves learning to use the inventions of society, such as language, mathematical systems, and memory strategies.

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The Information-Processing Theory

Information-processing theory emphasizes that individuals manipulate information, monitor it, and strategize about it. Information-processing theory does not describe development as stage-like. According to this theory, individuals develop a gradually increasing capacity for processing information, which allows them to acquire increasingly complex knowledge and skills.

- Behavioral Theory

Skinner's Operant Conditioning

According to B. F. Skinner (1904–1990), through operant conditioning the consequences of a behavior produce changes in the probability of the behavior's occurrence. A behavior followed by a rewarding stimulus is more likely to recur, whereas a behavior followed by a punishing stimulus is less likely to recur. He emphasized that development consists of the pattern of behavioral changes that are brought about by rewards and punishments.

- Social Theory

Bandura's Social Cognitive Theory

Social cognitive theory holds that behavior, environment, and cognition are the key factors in development. Bandura emphasizes that cognitive processes have important links with the environment and behavior. Social cognitive theorists stress that people acquire a wide range of behaviors, thoughts, and feelings through observing others' behavior and that these observations form an important part of life-span development.

- Ethological Theory (Page 67 of pdf; 24 of book, Chapter 1, 9th Edition A Tropical Approach)

  Ethology stresses that behavior is strongly influenced by biology, is tied to evolution, and is characterized by critical or sensitive periods.

  - European zoologist Konrad Lorenz studied the behavior of greylag geese, which will follow their mothers as soon as they hatch. Lorenz came up with the term 'imprinting', the rapid, innate learning that involves attachment to the first moving object seen. Imprinting needs to take place at a certain, very early time in the life of the animal, or else it will not take place. This point in time is called a critical period.

  - John Bowlby stresses that attachment to a caregiver over the first year of life has important consequences throughout the lifespan. In his view, if this attachment is positive and secure, the individual will likely develop positively in childhood and adulthood. If the attachment is negative and insecure, life-span development will likely not be optimal.

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- Ecological Theory

  Ecological theory emphasizes environmental factors. Bronfenbrenner's ecological theory holds that development reflects the influence of several environmental systems. The theory identifies **five environmental systems**: microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

  - The **microsystem** is the setting in which the individual lives. These contexts include the person's family, peers, school, and neighborhood. It is in the microsystem that the most direct interactions with social agents take place—with parents, peers, and teachers, for example. The individual is not a passive recipient of experiences in these settings, but someone who helps to construct the settings.
  - The **mesosystem** involves relations between microsystems or connections between contexts. Examples are the relation of family experiences to school experiences, school experiences to religious experiences, and family experiences to peer experiences. For example, children whose parents have rejected them may have difficulty developing positive relations with teachers.
  - The **exosystem** consists of links between a social setting in which the individual does not have an active role and the individual's immediate context. For example, a husband's or child's experience at home may be influenced by a mother's experiences at work. The mother might receive a promotion that requires more travel, which might increase conflict with the husband and change patterns of interaction with the child.
  - The **macrosystem** involves the culture in which individuals live. Culture refers to the behavior patterns, beliefs, and all other products of a group of people that are passed on from generation to generation. Cross-cultural studies—the comparison of one culture with one or more other cultures—provide information about the generality of development.
  - The **chronosystem** consists of the patterning of environmental events and transitions over the life course, as well as sociohistorical circumstances. For example, divorce is one transition. Researchers have found that the negative effects of divorce on children often peak in the first year after the divorce. By two years after the divorce, family interaction is more stable. As an example of sociohistorical circumstances, consider how the opportunities for women to pursue a career have increased since the 1960s.

- Eclectic Theoretical Orientation Theory

  An orientation that does not follow any one theoretical approach, but rather selects from each theory whatever is considered the best in it.

Research (Page 70 of pdf; 27 of book, Chapter 1, 9th Edition A Tropical Approach)

Methods for collecting data

- Observation

  Scientific observation requires an important set of skills. For observations to be effective,

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they have to be systematic. We have to have some idea of what we are looking for. We have to know who we are observing, when and where we will observe, how the observations will be made, and how they will be recorded. Observations can be made in a laboratory and the everyday world.

- *Laboratory*
  A controlled setting in which many of the complex factors of the "real world" are removed. Drawbacks of labs-
  1. It is almost impossible to conduct research without the participants' knowing they are being studied.
  2. The laboratory setting is unnatural and therefore can cause the participants to behave unnaturally.
  3. People who are willing to come to a university laboratory may not fairly represent groups from diverse cultural backgrounds.
  4. People who are unfamiliar with university settings, and with the idea of "helping science," may be intimidated by the laboratory setting.

- *Naturalistic observation*
  This means observing behavior in real-world settings, making no effort to manipulate or control the situation. Life-span researchers conduct naturalistic observations at sporting events, child-care centers, work settings, malls, and other places people live in and frequent.

- Surveys and interviews
  These can be used to study a wide range of topics from religious beliefs to sexual habits to attitudes about gun control to beliefs about how to improve schools. Surveys and interviews may be conducted in person, over the telephone, and over the Internet. One problem with surveys and interviews is the tendency of participants to answer questions in a way that they think is socially acceptable or desirable rather than to say what they truly think or feel.

- Standardized Test
  A standardized test has uniform procedures for administration and scoring. Many standardized tests allow a person's performance to be compared with that of other individuals; thus they provide information about individual differences among people.

- Case Study
  A case study is an in-depth look at a single individual. Case studies are performed mainly by mental health professionals when, for either practical or ethical reasons, the unique aspects of an individual's life cannot be duplicated and tested in other individuals. A case study provides information about one person's experiences; it may focus on nearly any aspect of the subject's life that helps the researcher understand the person's mind, behavior, or other attributes.

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- Physiological Measures
  Researchers are increasingly using physiological measures when they study development at different points in the life span. For example, as puberty unfolds, the blood levels of certain hormones increase. To determine the nature of these hormonal changes, researchers analyze blood samples from adolescent volunteers. Another physiological measure that is increasingly being used is neuroimaging, especially **functional magnetic resonance imaging** (fMRI), in which electromagnetic waves are used to construct images of a person's brain tissue and biochemical activity.

Research Designs

- *Descriptive Research*
  All of the data-collection methods that we have discussed can be used in descriptive research, which aims to observe and record behavior. For example, a researcher might observe the extent to which people are altruistic or aggressive toward each other. By itself, descriptive research cannot prove what causes some phenomena, but it can reveal important information about people's behavior.

- *Correlational Research*
  In correlational research, the goal is to describe the strength of the relationship between two or more events or characteristics. The more strongly the two events are correlated (or related or associated), the more effectively we can predict one event from the other.
  Correlation coefficient - A number based on statistical analysis that is used to describe the degree of association between two variables.

- *Experimental Research*
  An experiment is a carefully regulated procedure in which one or more of the factors believed to influence the behavior being studied are manipulated while all other factors are held constant.
  Experiments include two types of changeable factors, or variables: **independent and dependent**. An independent variable is a manipulated, influential, experimental factor. A dependent variable is a factor that can change in an experiment, in response to changes in the independent variable.
  Experiments can involve one or more **experimental groups** and one or more **control groups**. An experimental group is a group whose experience is manipulated. A control group is a comparison group that is as much like the experimental group as possible and that is treated in every way like the experimental group except for the manipulated factor (independent variable). The control group serves as a baseline against which the effects of the manipulated condition can be compared.

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Time Span of Research (Page 75 of pdf; 32 of book, Chapter 1, 9th Edition A Tropical Approach)

Researchers can study different individuals of different ages and compare them or they can study the same individuals as they age over time.

- *Cross-Sectional Approach*
  The cross-sectional approach is a research strategy that simultaneously compares individuals of different ages.
  The groups formed can be compared with respect to a variety of dependent variables: IQ, memory, peer relations, attachment to parents, hormonal changes, and so on.
  The main advantage of the cross-sectional study is that the researcher does not have to wait for the individuals to grow up or become older. Drawbacks- It gives no information about how individuals change or about the stability of their characteristics.

- *Longitudinal Approach*
  The longitudinal approach is a research strategy in which the same individuals are studied over a period of time, usually several years or more.
  Longitudinal studies provide a wealth of information about vital issues such as stability and change in development and the importance of early experience for later development, but they do have drawbacks. They are expensive and time consuming.

- *Cohort Effects*
  Effects due to a person's time of birth, era, or, generation but not to actual age. Cohort effects are important because they can powerfully affect the dependent measures in a study ostensibly concerned with age.
  Backstory- A cohort is a group of people who are born at a similar point in history and share similar experiences as a result, such as living through the Vietnam War or growing up in the same city around the same time. These shared experiences may produce a range of differences among cohorts. For example, people who were teenagers during the Great Depression are likely to differ from people who were teenagers during the booming 1990s in their educational opportunities and economic status, in how they were raised, and in their attitudes toward sex and religion.

Q/A

Q.1 Mention the virtue and stage of the conflict 'isolation vs. intimacy'.

Ans. *Intimacy versus isolation* is the sixth stage of Erikson's theory of development. Individuals experience during the **early adulthood years**. At this time, individuals face the developmental task of **forming intimate relationships**. If young adults form healthy friendships and an intimate relationship with another, intimacy will be achieved; if not, isolation will result. Avoiding intimacy, fearing commitment and relationships can lead to isolation, loneliness, and sometimes depression. Success in this stage will lead to the **virtue of love.**

Q2. Compare and contrast Erikson's theory with Freud's theory from a developmental

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perspective.

Freud's theory	**Erikson's theory**
Sigmund Freud states that one's problems were the result of **experiences early in life**. He claimed that our adult personality is determined by the way we resolve conflicts between **sources of pleasure at each stage** and the **demands of reality.** He stated that there were 5 stages of the same: *Oral Stage* (Birth to 1 ½ Years) Infant's pleasure centers on the mouth. *Anal Stage* (1 ½ to 3 Years) Child's pleasure focuses on the anus. *Phallic Stage* (3 to 6 Years) Child's pleasure focuses on the genitals. *Latency Stage* (6 Years to Puberty) Child represses sexual interest and develops social and intellectual skills. *Genital Stage* (Puberty Onward) A time of sexual reawakening; source of sexual pleasure becomes someone outside the family.	Erikson's theory includes **eight stages of human development**. Each stage consists of a **unique developmental task** that confronts individuals with a crisis that must be resolved. The more successfully an individual resolves the crises, the healthier development will be. The Eight stages are as follows: Trust versus mistrust (Stage 1) Autonomy versus shame and doubt (Stage 2) Initiative versus guilt (Stage 3) Industry versus inferiority (Stage 4) Identity versus identity confusion (Stage 5) Intimacy versus isolation (Stage 6) Generativity versus stagnation (Stage 7) Integrity versus despair (Stage 8)

Q3. Name any two stages proposed by Erikson.

1. Trust versus mistrust (Stage 1)
2. Intimacy versus isolation (Stage 6)

Q4. Differentiate between longitudinal and cross sectional research designs.

Cross-Sectional Approach	***Longitudinal Approach***
The cross-sectional approach is a research strategy that **simultaneously compares individuals of different ages.** The groups formed can be compared with respect to a variety of dependent variables: IQ, memory, peer relations, attachment to parents, hormonal changes, and so on. The main advantage of the cross-sectional study is that the researcher does not have to wait for the individuals to grow up or become older.	The longitudinal approach is a research strategy in which the **same individuals are studied over a period of time, usually several years or more.** Longitudinal studies provide a **wealth of information** about vital issues such as stability and change in development and the importance of early experience for later development, but they do have drawbacks. They are **expensive** and **time consuming.**

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Drawbacks- It gives no information about how individuals change or about the stability of their characteristics.	

Q5. Assess the major limitations of Piaget's theory of cognitive development.

- ❑ A major criticism stems from the very **nature** of a **stage theory**. The stages may be **inaccurate** or just **plain wrong**.
- ❑ Piaget may have **underestimated the development of young children**. Researchers have found that some children develop **object-permanence** earlier than Piaget thought. Others point out that preoperational children may be **less egocentric** than Piaget believed.
- ❑ Another criticism is levelled at Piaget's **action-oriented approach**.
- ❑ A criticism chastises Piaget for his **inattention** to **culturally specific influences** on cognitive development. The children Piaget studied grew up in Geneva, a Western culture where children attend school and are trained in certain forms of thinking. Yet Piaget largely ignored this influence and attributed each child's intellectual growth to the individual's cognitive reaction to the environment.
- ❑ Later tests have shown that Piaget's **formal operational period** and even the c**oncrete operational period** are **heavily dependen**t on formal Western schooling.

Q6. 'Cognitive growth is a collaborative process.' Mention the theory behind the statement.

Ans. Vygotsky's theory is a **sociocultural cognitive theory** that emphasizes how culture and social interaction guide cognitive development. It suggests that **cognitive growth is a collaborative process.** Vygotsky portrayed the child's development as **inseparable** from social and cultural activities. He maintained that cognitive development involves learning to use the inventions of society, such as language, mathematical systems, and memory strategies.

Q7. Mention any two differences between exo-system and chronosystem.

Exosystem	**Chronosystem**
The **exosystem** consists of **links** between a **social setting** in which the individual does not have an active role and the individual's **immediate context**. For example, a husband's or child's experience at home may be influenced by a mother's experiences at work. The mother might receive a promotion that requires more travel, which might increase conflict with the husband and change patterns of interaction with	The **chronosystem** consists of the **patterning** of **environmental events** and **transitions** over the life course, as well as **sociohistorical circumstances**. For example, divorce is one transition. Researchers have found that the negative effects of divorce on children often peak in the first year after the divorce. By two years after the divorce, family interaction is more stable. As an example of sociohistorical

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the child.	circumstances, consider how the opportunities for women to pursue a career have increased since the 1960s.

Q8. Using relevant examples, explain the concept of cohorts.

Ans. Cohorts are **effects due to a person's time of birth, era, or, generation but not to actual age.** Cohort effects are important because they can powerfully affect the **dependent measures** in a study ostensibly concerned with age. Examples: a group of people who begin schooling or an educational program at the same time, like this year's freshman class of college students.

Unit-2: Physical Development

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Prenatal Development

Prenatal period is the time between conception and birth. Typical prenatal development begins with fertilization and ends with birth, lasting between 266 and 280 days (from 38 to 40 weeks).

The Course of Prenatal Development

This period is generally divided into three stages: the germinal stage, the embryonic stage, and the fetal stage.

The Germinal Stage	The period of prenatal development that takes place in the first **two weeks** after conception.	It is characterized by the creation of the zygote, continued cell division, and the attachment of the zygote to the uterine wall. Rapid cell division by the zygote continues throughout the germinal period. By approximately one week after conception, the differentiation of these cells—their specialization for different tasks—has already begun. At this stage, the group of cells, now called the **blastocyst**, consists of an **inner mass of cells** that will eventually develop into the **embryo**, and the **trophoblast**, an **outer layer of cells** that later provides **nutrition and support** for the embryo. **Implantation**, the attachment of the zygote to the uterine wall, takes place about 11 to 15 days after conception.

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The Embryonic Stage:	The period of prenatal development that occurs **two to eight weeks** after conception.	During the embryonic period, the **rate of cell differentiation intensifies**, support systems for the cells form, and organs appear. This period **begins as the blastocyst attaches to the uterine wall**. The mass of cells is now called an **embryo** , and three layers of cells form. 1. The embryo's **endodermis** the inner layer of cells, which will develop into the digestive and respiratory systems and primarily produces internal body parts. 2. The **mesoderm** is the middle layer, which will become the circulatory system, bones, muscles, excretory system, and reproductive system and primarily produces parts that surround the internal areas. 3. The **ectoderm** is the outermost layer, which will become the nervous system and brain, sensory receptors (ears, nose, and eyes, for example), and skin parts (hair and nails, for example) and primarily produces surface parts. As the embryo's three layers form, life-support systems for the embryo develop rapidly. The **amnion** is like a bag or an envelope and contains a clear fluid in which the developing embryo floats. The **amniotic fluid** provides an environment that is temperature and humidity controlled, as well as shockproof. The **umbilical cord** contains two arteries and one vein, and connects the baby to the placenta. The **placenta** consists of a disk-shaped group of tissues in which small blood vessels from the mother and the offspring intertwine but do not join. **Organogenesis** is the name given to the **process of organ formation** during the first two months of prenatal development. While they are being formed, the organs are especially vulnerable to environmental changes. It is during this stage that the major structures of the body are taking form making the embryonic period **the time when the organism is most vulnerable** to the greatest amount of damage if exposed to harmful substances (cigarette smoke weakens and increases the oxidative stress of fetal membranes, ethanol crosses placenta which further reflects maternal alcohol use). The embryonic stage plays an important role in the development of the brain. In the third week after conception, the neural tube that eventually becomes the spinal cord forms. At about 21 days, eyes begin to appear, and at 24 days the cells for the heart begin to differentiate. During the fourth week, the urogenital system becomes apparent, and arm and leg buds emerge. Four chambers of the heart take shape, and blood vessels appear. From the fifth to the eighth week, arms and legs differentiate further; at this time, the face starts to form but still is not very recognizable. The intestinal tract develops and the facial structures fuse. At eight weeks, the developing organism weighs about 1/30 ounce and is just over 1 inch long.
	The fetal period, lasting about seven months, is the	Growth and development continue their dramatic course during this time. ● **Three months** after conception, the fetus is about 3 inches long and weighs about 3 ounces. It has become active, moving its arms and legs, opening and closing its mouth, and moving its head. The face, forehead, eyelids, nose, and chin are distinguishable, as are the upper arms, lower arms, hands, and lower limbs. In most cases, the genitals can be identified as male or female. ● By the **end of the fourth month** of pregnancy, the fetus has grown to 6

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The Fetal Period	prenatal period between two months after conception and birth in typical pregnancies	inches in length and weighs 4 to 7 ounces. At this time, a growth spurt occurs in the body's lower parts. For the first time, the mother can feel arm and leg movements. ● By the **end of the fifth month**, the fetus is about 12 inches long and weighs close to a pound. Structures of the skin have formed—toenails and fingernails, for example. The fetus is more active, showing a preference for a particular position in the womb. ● By the **end of the sixth month**, the fetus is about 14 inches long and has gained another half pound to a pound. The eyes and eyelids are completely formed, and a fine layer of hair covers the head. A grasping reflex is present and irregular breathing movements occur. As early as six months of pregnancy (about 24 to 25 weeks after conception), the fetus for the first time has a chance of surviving outside of the womb—that is, it is **viable.** Infants are born early, or between 24 and 37 weeks of pregnancy, usually need help breathing because their lungs are not yet fully mature. ● By the end of the **seventh month**, the fetus is about 16 inches long and now weighs about 3 pounds. ● During the **last two months of prenatal** development, fatty tissues develop, and the functioning of various organ systems—heart and kidneys, for example—steps up. ● During **the eighth and ninth months**, the fetus grows longer and gains substantial weight—about another 4 pounds. At birth, the average baby weighs 7½ pounds and is about 20 inches long.

Trimesters

Prenatal development into equal periods of three months, called trimesters. Remember that the **three trimesters are not the same as the three prenatal periods**. The germinal and embryonic periods occur in the first trimester. The fetal period begins toward the end of the first trimester and continues through the second and third trimesters. **Viability** (the chances of surviving outside the womb) occurs at the very end of the second trimester.

First trimester (first 3 months)	**Second trimester (middle 3 months)**	**Third trimester (last 3 months)**
Conception to 4 weeks • Is less than 1/10 inch long • Beginning development of spinal cord, nervous system, gastrointestinal system, heart, and lungs • Amniotic sac envelopes the preliminary tissues of entire body • Is called a "zygote"	**16 weeks** • Is about 6 inches long and weighs about 4 to 7 ounces,Heartbeat is strong • Skin is thin, transparent • Downy hair (lanugo) covers body • Fingernails and toenails are forming • Has coordinated movements; is	**28 weeks** • Is about 16 inches long and weighs about 3 pounds • Is adding body fat • Is very active • Rudimentary breathing movements are present

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	able to roll over in amniotic fluid	
8 weeks • Is just over 1 inch long • Face is forming with rudimentary eyes, ears, mouth, and tooth buds • Arms and legs are moving • Brain is forming • Fetal heartbeat is detectable with ultrasound • Is called an "embryo"	**20 weeks** • Is about 12 inches long and weighs close to 1 pound • Heartbeat is audible with ordinary stethoscope • Sucks thumb • Hiccups • Hair, eyelashes, eyebrows are present	**32 weeks** • Is 16 ½ to 18 inches long and weighs 4 to 5 pounds • Has periods of sleep and wakefulness • Responds to sounds • May assume the birth position • Bones of head are soft and flexible • Iron is being stored in liver
12 weeks • Is about 3 inches long and weighs about 1 ounce • Can move arms, legs, fingers, and toes • Fingerprints are present • Can smile, frown, suck, and swallow • Sex is distinguishable • Can urinate • Is called a "fetus"	**24 weeks** • Is about 14 inches long and weighs 1 to 1½ pounds • Skin is wrinkled and covered with protective coating (vernix caseosa) • Eyes are open • Waste matter is collected in bowel • Has strong grip	**36 to 38 weeks** • Is 19 to 20 inches long and weighs 6 to 7½ pounds • Skin is less wrinkled • Vernix caseosa is thick • Lanugo is mostly gone • Is less active • Is gaining immunities from mother

Brain Development

One of the most remarkable aspects of the prenatal period is the development of the brain. By the time babies are born, they have approximately 100 billion neurons, or nerve cells.

Four important phases of Brain Development :-

1. **Neural Tube -** As the human embryo develops inside its mother's womb, the nervous system begins forming as a long, hollow tube located on the embryo's back. This pear-shaped neural tube , which forms at about 18 to 24 days after conception, develops out of the ectoderm. The tube closes at the top and bottom ends at about 24 days after conception.

   Two birth defects related to a failure of the neural tube to close are **anencephaly** and **spina bifida**.

   The highest regions of the brain fail to develop when fetuses have **anencephaly** or when the head end of the neural tube fails to close, and they die in the womb, during childbirth, or shortly after birth.

   Spina bifida results in varying degrees of paralysis of the lower limbs. Individuals with spina bifi da usually need assistive devices such as crutches, braces, or wheelchairs. Both maternal diabetes and obesity places the fetus at risk for developing neural tube defects.
2. **Neurogenesis -** In a normal pregnancy, once the neural tube has closed, a massive proliferation of new immature neurons begins to take place about the fifth prenatal week and continues throughout the remainder of the prenatal period. **The generation of new neurons is called neurogenesis.** At the peak of neurogenesis, it is estimated that as many as 200,000 neurons are being generated every minute.

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3. **Neural migration** - At approximately 6 to 24 weeks after conception, neuronal migration occurs. This involves cells moving outward from their point of origin to their appropriate locations and creating the different levels, structures, and regions of the brain. Once a cell has migrated to its target destination, it must mature and develop a more complex structure.
4. **Neural connectivity** - At about the 23rd prenatal week, connections between neurons begin to occur, a process that continues postnatally.

Hazards to Prenatal Development

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1. Teratogens

A teratogen is any agent that can potentially cause a birth defect or negatively alter cognitive and behavioral outcomes. The word comes from the Greek word **tera, meaning "monster."** So many teratogens exist that practically every fetus is exposed to at least some teratogens. For this reason, it is difficult to determine which teratogen causes which problem. In addition, it may take a long time for the effects of a teratogen to show up. Only about half of all potential effects appear at birth. The field of study that investigates the causes of birth defects is called **teratology.** Some exposures to teratogens do not cause physical birth defects but can alter the developing brain and influence cognitive and behavioral functioning, in which case the field of study is called **behavioral teratology.** The dose, genetic susceptibility, and the time of exposure to a particular teratogen influence both the severity of the damage to an embryo or fetus and the type of defect:

- **Dose:** The dose effect is rather obvious—the greater the dose of an agent, such as a drug, the greater the effect.
- **Genetic susceptibility:** The type or severity of abnormalities caused by a teratogen is linked to the genotype of the pregnant woman and the genotype of the embryo or fetus. For example, how a mother metabolizes a particular drug can influence the degree to which the drug effects are transmitted to the embryo or fetus. The extent to which an embryo or fetus is vulnerable to a teratogen may also depend on its genotype. Also, for unknown reasons, male fetuses are far more likely to be affected by teratogens than female fetuses.
- **Time of exposure:** Teratogens do more damage when they occur at some points in development than at others. Damage during the germinal period may even prevent implantation. In general, the embryonic period is more vulnerable than the fetal period.

2. Prescription and Nonprescription Drugs

Prescription as well as nonprescription drugs, may have effects on the embryo or fetus.

Prescription drugs that can function as teratogens include antibiotics, such as streptomycin and tetracycline; some antidepressants; certain hormones, such as progestin and synthetic estrogen; and Accutane (which often is prescribed for acne).

Antidepressant use by pregnant women has been extensively studied. A recent study revealed that the offspring of pregnant women who redeemed prescriptions for more than one type of SSRIs (selective serotonin reuptake inhibitors) early in pregnancy had an increased risk of heart defects. In this study, negative effects on children's heart functioning increased when their mothers took these two SSRIs early in pregnancy: sertraline and citalopram. However, a recent research review by the American Psychiatric Association and the American College of Obstetricians and Gynecologists indicated that although some studies have found negative outcomes for antidepressant use during pregnancy, failure to control for various factors that can influence birth outcomes, such as maternal illness or problematic health behaviors, make conclusions about a link between antidepressant use by pregnant women and birth outcomes difficult.

Nonprescription drugs that can be harmful include diet pills and high doses of aspirin. However, recent studies indicated that low doses of aspirin pose no harm for the fetus but that high doses can contribute to maternal and fetal bleeding.

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3. **Psychoactive Drugs**

Psychoactive drugs are drugs that act on the nervous system to alter states of consciousness, modify perceptions, and change moods. Examples include caffeine, alcohol, and nicotine, as well as illicit drugs such as cocaine, methamphetamine, marijuana, and heroin.

A. **Caffeine** People often consume caffeine by drinking coffee, tea, or colas, or by eating chocolate. A recent study revealed that pregnant women who consumed 200 or more milligrams of caffeine a day had an **increased risk of miscarriage.** Taking into account such results, the Food and Drug Administration recommends that pregnant women either not consume caffeine or consume it only sparingly.

B. **Alcohol -** Heavy drinking by pregnant women can be devastating to offspring. **Fetal alcohol spectrum disorders (FASD)** are a cluster of abnormalities and problems that appear in the offspring of mothers who drink alcohol heavily during pregnancy. The abnormalities include **facial deformities and defective limbs, face, and heart.** Most children with FASD have learning problems and many are **below average in intelligence** with some that are **mentally retarded**. Recent studies revealed that children and adults with FASD have impaired memory development . Another recent study found that children with FASD have impaired math ability linked to multiple regions of the brain. Although many mothers of FASD infants are heavy drinkers, many mothers who are heavy drinkers do not have children with FASD or have one child with FASD and other children who do not have it. Even drinking just one or two servings of beer or wine or one serving of hard liquor a few days a week can have negative effects on the fetus, although it is generally agreed that this level of alcohol use will not cause fetal alcohol syndrome. The U.S. Surgeon General recommends that no alcohol be consumed during pregnancy. And research suggests that it may not be wise to consume alcohol at the time of conception. One study revealed that intakes of alcohol by both men and women during the weeks of conception increased the risk of early pregnancy loss.

C. **Nicotine -** Cigarette smoking by pregnant women can also adversely influence prenatal development, birth, and postnatal development. **Preterm births and low birth weights, fetal and neonatal deaths, respiratory problems, sudden infant death syndrome** (SIDS, also known as crib death), and **cardiovascular problems** are all more common among the offspring of mothers who smoked during pregnancy. Maternal smoking during pregnancy also has been identified as a risk factor for the development of attention deficit hyperactivity disorder in offspring. A recent research review also indicated that environmental tobacco smoke was linked to increased risk of low birth weight in offspring.

D. **Cocaine** - Cocaine exposure during prenatal development is associated with **reduced birth weight, length, and head circumference.** Also, in other studies, prenatal cocaine exposure has been linked to lower arousal, less effective self-regulation, higher excitability, and lower quality of reflexes at 1 month of age; to impaired motor development at 2 years of age and a slower rate of growth through 10 years of age; to deficits in behavioral self-regulation; to impaired language development and information processing, including attention deficits (especially in sustained attention) in preschool and elementary school children and to increased likelihood of being in a special education program that involves support services.

E. **Marijuana -** An increasing number of studies find that marijuana use by pregnant women also has negative

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outcomes for offspring. For example, a recent study found that prenatal marijuana exposure was related to lower intelligence in children. Another study indicated that prenatal exposure to marijuana was linked to marijuana use at 14 years of age. In sum, marijuana use is not recommended for pregnant women.

F. **Heroin-** It is well documented that infants whose mothers are addicted to heroin show several behavioral difficulties at birth. The difficulties include withdrawal symptoms, such as tremors, irritability, abnormal crying, disturbed sleep, and impaired motor control. Many still show behavioral problems at their first birthday, and attention deficits may appear later in development. The most common treatment for heroin addiction, methadone, is associated with very severe withdrawal symptoms in newborns.

4. Incompatible Blood Types

Incompatibility between the mother's and father's blood types poses another risk to prenatal development. Blood types are created by differences in the surface structure of red blood cells. One type of **difference in the surface of red blood cells** creates the familiar blood groups—A, B, O, and AB. A second difference creates what is called **Rh-positive and Rh-negative blood.** If a surface marker, called the Rh-factor, is present in an individual's red blood cells, the person is said to be **Rh-positive**; if the Rh-marker is not present, the person is said to be **Rh negative**. If a pregnant woman is Rh-negative and her partner is Rh-positive, the fetus may be Rh-positive. If the fetus' blood is Rh-positive and the mother is Rh-negative, the mother's immune system may produce antibodies that will attack the fetus. This can result in any number of problems, including **miscarriage or stillbirth, anemia, jaundice, heart defects, brain damage, or death** soon after birth. Generally, the first Rh-positive baby of an Rh-negative mother is not at risk, but with each subsequent pregnancy the risk increases. A vaccine (RhoGAM) may be given to the mother within three days of the first child's birth to prevent her body from making antibodies that will attack any future Rh-positive fetuses in subsequent pregnancies. Also, babies affected by Rh incompatibility can be given blood transfusions before or right after birth.

5. Maternal Diseases

Maternal diseases and infections can produce defects in offspring by crossing the placental barrier, or they can cause damage during birth.

A. Rubella (German measles) is one disease that can cause prenatal defects. Women who plan to have children should have a blood test before they become pregnant to determine if they are immune to the disease.

B. Syphilis (a sexually transmitted infection) is more damaging later in prenatal development—four months or more after conception. Damage includes eye lesions, which can cause blindness, and skin lesions.

C. Genital Herpes - Another infection that has received widespread attention is genital herpes. Newborns contract this virus when they are delivered through the birth canal of a mother with genital herpes. About one-third of babies delivered through an infected birth canal die; another one-fourth become brain damaged. If an active case of genital herpes is detected in a pregnant woman close to her delivery date, a cesarean section can be performed (in which the infant is delivered through an incision in the mother's abdomen) to keep the virus from infecting the newborn.

D. Diabetes - The more widespread disease of diabetes, characterized by high levels of sugar in the blood, also affects offspring. A recent large-scale study revealed that from 1999 to 2005 twice as many women and five times as many adolescents giving birth had diabetes . A research review indicated that when newborns have

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physical defects they are more likely to have diabetic mothers. Women who have gestational diabetes also may deliver very large infants (weighing 10 pounds or more), and the infants are at risk for diabetes themselves.

E. AIDS is a sexually transmitted infection that is caused by the human immunodeficiency virus (HIV), which destroys the body's immune system.

A mother can infect her offspring with HIV/AIDS in three ways:

(1) during gestation across the placenta,
(2) during delivery through contact with maternal blood or fluids,
(3) postpartum (after birth) through breastfeeding.

The transmission of AIDS through breast feeding is especially a problem in many developing countries.

Babies born to HIV-infected mothers can be

(1) infected and symptomatic (show HIV symptoms),
(2) infected but asymptomatic (not show HIV symptoms),
(3) not infected at all. An infant who is infected and asymptomatic may still develop HIV symptoms up until 15 months of age.

6. Environmental Hazards

Many aspects of our modern industrial world can endanger the embryo or fetus. Some specific hazards to the embryo or fetus include radiation, toxic wastes, and other chemical pollutants. X-ray radiation can affect the developing embryo or fetus, especially in the first several weeks after conception, when women do not yet know they are pregnant. Women and their physicians should weigh the risk of an X-ray when an actual or potential pregnancy is involved. However, a routine diagnostic X-ray of a body area other than the abdomen, with the woman's abdomen protected by a lead apron, is generally considered safe. Environmental pollutants and toxic wastes are also sources of danger to unborn children. Among the dangerous pollutants are carbon monoxide, mercury, and lead, as well as certain fertilizers and pesticides.

7. Other Parental Factors

Other characteristics of the mother and father that can affect prenatal and child development, including nutrition, age, and emotional states and stress.

A. **Maternal Diet and Nutrition -** A developing embryo or fetus depends completely on its mother for nutrition, which comes from the **mother's blood**. The **nutritional status** of the embryo or fetus is determined by the mother's total caloric intake, and her intake of proteins, vitamins, and minerals.

- Children born to **malnourished** mothers are more likely than other children to be **malformed**. Being **overweight** before and during pregnancy can also put the embryo or fetus at risk, and an increasing number of pregnant women in the United States are overweight. A recent research review concluded that obesity during pregnancy is linked to increased maternal risks of infertility, hypertensive disorders, diabetes, and delivery by cesarean section. In this review, obesity during pregnancy included these increased risks to the fetus: **macrosomia** (newborn with excessive birth weight), intrauterine fetal death, stillbirth, and admission to the neonatal intensive care unit (NICU).

- One aspect of maternal nutrition that is important for normal prenatal development is **folic acid, a B-**

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complex vitamin. A recent study revealed that toddlers of mothers who did not use folic acid supplements in the first trimester of pregnancy had more behavior problems. A lack of folic acid is related to neural tube defects in offspring, such as spina bifi da (a defect in the spinal cord). Orange juice and spinach are examples of foods rich in folic acid.

- Eating **fish** is often recommended as part of a healthy diet, but pollution has made many fish a risky choice for pregnant women. Some fish contain high levels of mercury, which is released into the air both naturally and by industrial pollution. When mercury falls into the water it can become toxic and accumulate in large fish, such as shark, swordfish, king mackerel, and some species of large tuna. Mercury is easily transferred across the placenta, and the embryo's developing brain and nervous system are highly sensitive to the metal. Researchers have found that prenatal mercury exposure is linked to adverse outcomes, including miscarriage, preterm birth, and lower intelligence.

B. **Maternal Age** When possible harmful effects on the fetus and infant are considered, two maternal ages are of special interest: (1) adolescence, and (2) 35 years and older. The mortality rate of infants born to adolescent mothers is double that of infants born to mothers in their twenties. Adequate prenatal care decreases the probability that a child born to an adolescent girl will have physical problems. However, adolescents are the least likely of women in all age groups to obtain prenatal assistance from clinics and health services.
Maternal age is also linked to the risk that a child will have Down syndrome. An individual with Down syndrome has distinctive facial characteristics, short limbs, and retardation of motor and mental abilities. A baby with Down syndrome rarely is born to a mother 16 to 34 years of age. However, when the mother reaches 40 years of age, the probability is slightly over 1 in 100 that a baby born to her will have Down syndrome, and by age 50 it is almost 1 in 10. When mothers are 35 years and older, risks also increase for low birth weight, for preterm delivery, and for fetal death. As women remain active, exercise regularly, and are careful about their nutrition, their reproductive systems may remain healthier at older ages than was thought possible in the past.

C. **Emotional States and Stress**
When a pregnant woman experiences intense fears, anxieties, and other emotions or negative mood states, physiological changes occur that may affect her fetus. A mother's stress may also influence the fetus indirectly by increasing the likelihood that the mother will engage in unhealthy behaviors, such as taking drugs and engaging in poor prenatal care. High maternal anxiety and stress during pregnancy can have long-term consequences for the offspring. A recent research review indicated that pregnant women with high levels of stress are at increased risk for having a child with emotional or cognitive problems, attention deficit hyperactivity disorder (ADHD), and language delay. A recent study revealed maternal depression was linked to preterm birth and slower prenatal growth rates. In this study, mothers who were depressed had elevated cortisol levels, which likely contributed to the negative outcomes for the fetus and newborn.

D. **Paternal Factors**
Men's exposure to lead, radiation, certain pesticides, and petrochemicals may cause abnormalities in sperm that lead to miscarriage or diseases, such as childhood cancer. The father's smoking during the mother's pregnancy also can cause problems for the offspring. In one study, heavy paternal smoking was associated with the risk of early pregnancy loss. This negative outcome may be related to secondhand smoke.

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Birth, Newborn Appearance,States, Assessment and Reflexes

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Birth Process

The birth process occurs in stages, occurs in different contexts, and in most cases involves one or more attendants.

Stages of Birth

The birth process occurs in three stages.

1st Stage	2nd Stage	3rd Stage
The first stage is the longest of the three stages. Uterine contractions are 15 to 20 minutes apart at the beginning and last up to a minute. These contractions cause the woman's cervix to stretch and open. As the first stage progresses, the contractions come closer together, appearing every two to five minutes. Their intensity increases. By the end of the first birth stage, contractions dilate the cervix to an opening of about 10 centimeters (4 inches), so that the baby can move from the uterus to the birth canal. For a woman having her first child, the first stage lasts an average of 6 to 12 hours; for subsequent children, this stage typically is much shorter.	The second birth stage begins when the baby's head starts to move through the cervix and the birth canal. It terminates when the baby completely emerges from the mother's body. With each contraction, the mother bears down hard to push the baby out of her body. By the time the baby's head is out of the mother's body, the contractions come almost every minute and last for about a minute. This stage typically lasts approximately 45 minutes to an hour.	Afterbirth is the third stage, at which time the placenta, umbilical cord, and other membranes are detached and expelled. This final stage is the shortest of the three birth stages, lasting only minutes.

Childbirth Setting and Attendants

99 percent of births take place in hospitals, a figure that has remained constant for several decades. Who helps a mother during birth varies across cultures. In India, different people have various practices and traditions with regard to childbirth. In U.S. hospitals, it has become the norm for fathers or birth coaches to be with the mother throughout labor and delivery. Midwives Midwifery is practiced in most countries throughout the world (W. In Holland, more than 40 percent of babies are delivered by midwives rather than doctors. However, in 2003, 91 percent of U.S. births were attended by physicians.)

Methods of Childbirth

Most hospitals often allow the mother and her obstetrician a range of options regarding their method of delivery. Key choices involve the use of medication, whether to use any of a number of non medicated techniques to reduce pain, and when to have a cesarean delivery.

1. **Medication**

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Three basic kinds of drugs that are used for labor are analgesia, anesthesia, and oxytocin/pitocin. **Analgesia** is used to relieve pain. Analgesics include tranquilizers, barbiturates, and narcotics (such as Demerol). **Anesthesia** is used in late first-stage labor and during delivery to block sensation in an area of the body or to block consciousness. There is a trend toward not using general anesthesia, which blocks consciousness, in normal births because general anesthesia can be transmitted through the placenta to the fetus. **An epidural block** is regional anesthesia that numbs the woman's body from the waist down. Researchers are continuing to explore safer drug mixtures for use at lower doses to improve the effectiveness and safety of epidural anesthesia. **Oxytocin** is a synthetic hormone that is used to stimulate contractions; **pitocin** is the most widely used oxytocin. The benefits and risks of oxytocin as a part of childbirth continues to be debated. Predicting how a drug will affect an individual woman and her fetus is difficult. A particular drug might have only a minimal effect on one fetus yet have a much stronger effect on another. The drug's dosage also is a factor. Stronger doses of **tranquilizers and narcotics** given to decrease the mother's pain potentially have a more negative effect on the fetus than mild doses. It is important for the mother to assess her level of pain and have a voice in the decision of whether she should receive medication.

2. **Natural and Prepared Childbirth**

For a brief time not long ago, the idea of avoiding all medication during childbirth gained favor. Instead, many women chose to reduce the pain of childbirth through techniques known as natural childbirth and prepared childbirth. Today, at least some medication is used in the typical childbirth, but elements of natural childbirth and prepared childbirth remain popular.

Natural childbirth is the method that aims to reduce the mother's pain by decreasing her fear through education about childbirth and by teaching her and her partner to use breathing methods and relaxation techniques during delivery.

French obstetrician Ferdinand Lamaze developed a method similar to natural childbirth that is known as **prepared childbirth, or the Lamaze method**. It includes a special breathing technique to control pushing in the final stages of labor, as well as more detailed education about anatomy and physiology. The Lamaze method has become very popular. The pregnant woman's partner usually serves as a coach, who attends childbirth classes with her and helps her with her breathing and relaxation during delivery.

3. **Cesarean Delivery**

Normally, the baby's head comes through the vagina first. But if the baby is in a breech position, the baby's buttocks are the first part to emerge from the vagina. In 1 of every 25 deliveries, the baby's head is still in the uterus when the rest of the body is out. Breech births can cause respiratory problems. As a result, if the baby is in a breech position, a surgical procedure known as a cesarean section, or a cesarean delivery, is usually performed. In a cesarean delivery, the baby is removed from the mother's uterus through an incision made in her abdomen. The benefits and risks of cesarean sections continue to be debated.

4. **Waterbirth**

The effort to reduce stress and control pain during labor has recently led to an increase in the use of some older and some newer non medicated techniques. **Waterbirth** involves giving birth in a tub of warm water. Some women go through labor in the water and get out for delivery, others remain in the water for delivery. The rationale for waterbirth is that the baby has been in an amniotic sac for many months and that delivery in a similar environment is likely to be less stressful for the baby and the mother. Mothers get into the warm water when contractions become

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closer together and more intense. Getting into the water too soon can cause labor to slow or stop. Reviews of research have indicated mixed results for water births. Waterbirth has been practiced more often in European countries such as Switzerland and Sweden in recent decades than in the United States but is increasingly being included in U.S.and Indian birth plans.

5. **Massage**
   Massage is increasingly used as a procedure prior to and during delivery. Researchers have found that massage can reduce pain and anxiety during labor. A recent study revealed that massage therapy reduced pain in pregnant women and alleviated prenatal depression in both parents and improved their relationships.

6. **Acupuncture**
   Acupuncture, the insertion of very fine needles into specific locations in the body, is used as a standard procedure to reduce the pain of childbirth in China, although it only recently has begun to be used in other countries for this purpose. One study revealed that acupuncture resulted in less time spent in labor and a reduction in the need for oxytocin to augment labor.

Preterm and Small for Date Infants

Three related conditions pose threats to many newborns: **low birth weight, being preterm, and being small for date. Low birth weight infants** weigh less than 5½ pounds at birth. Very low birth weight newborns weigh under 3½ pounds, and extremely low birth newborns weigh under 2 pounds.

Preterm infants are those born three weeks or more before the pregnancy has reached its full term—in other words, before the completion of 37 weeks of gestation (the time between fertilization and birth).

Small for date infants (also called small for gestational age infants) are those whose birth weight is below normal when the length of the pregnancy is considered. They weigh less than 90 percent of all babies of the same gestational age. Small for date infants may be preterm or full term.

Consequences

Although most low birth weight and preterm infants are normal and healthy, as a group **they have more health and developmental problems than normal birth weight infants**. For preterm birth, the terms extremely preterm and very preterm are increasingly used. Extremely preterm infants are those born less than 28 weeks preterm, and very preterm infants are those born less than 33 weeks of gestational age. A recent Norwegian study indicated that the earlier preterm infants are born the more likely they will drop out of school. The number and severity of these problems increase when infants are born very early and as their birth weight decreases. Survival rates for infants who are born very early and very small have risen, but with this improved survival rate have come increases in rates of severe brain damage. Children born low in birth weight are more likely than their normal birth weight counterparts to develop a learning disability, attention deficit hyperactivity disorder, or breathing problems such as asthma. Approximately 50 percent of all low birth weight children are enrolled in special education programs. Kangaroo care and massage therapy have been shown to have benefits for preterm infants.

The Newborn Baby - Size and Appearance

The **neonatal period** , the first four weeks of life, is a time of transition from the uterus, where a fetus is supported entirely by the mother, to an independent existence. An average neonate, or newborn, is about 20 inches long and weighs about 7½ pounds. At birth, 95 percent of full-term babies weigh between 5½ and 10 pounds and are between 18 and 22 inches long. Boys tend to be slightly longer and heavier than girls, and a firstborn child is likely to weigh less at birth than later borns.

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In their first few days, neonates lose as much as 10 percent of their body weight, primarily because of a loss of fluids. They begin to gain weight again at about the fifth day and are generally back to birth weight by the tenth to the fourteenth day.

New babies have **distinctive features**, including a large head (one-fourth the body length) and a receding chin (which makes it easier to nurse). At first, a neonate's head may be long and misshapen because of the molding that eased its passage through the mother's pelvis. This temporary molding occurs because an infant's skull bones are not yet fused; they will not be completely joined for 18 months. The places on the head where the bones have not yet grown together— the fontanels, or soft spots—are covered by a tough membrane.

Many newborns have a **pinkish cast**; their skin is so thin that it barely covers the capillaries through which blood flows. During the first few days, some neonates are very hairy because some of the **lanugo** , a fuzzy prenatal hair, has not yet fallen off. Almost all new babies are covered with **vernix caseosa ("cheesy varnish")**, an oily protection against infection that dries within the first few days.

States of Arousal

1. Regular Sleep
2. Irregular Sleep
3. Drowsiness
4. Alert inactivity
5. Waking activity and crying

Babies have an **internal clock** that regulates their daily **cycles of eating, sleeping, and elimination** and perhaps even their moods. These periodic cycles of wakefulness, sleep, and activity, which govern an **infant's state of arousal** , or degree of alertness, seem to be inborn and highly individual. Changes in state are coordinated by multiple areas of the brain and are accompanied by changes in the functioning of virtually all body systems.

Most new babies sleep about 75 percent of their time—up to 18 hours a day—but wake up every 3 to 4 hours, day and night, for feeding. Newborns' sleep alternates between quiet (regular) and active (irregular) sleep. Active sleep is probably the equivalent of rapid eye movement (REM) sleep, which in adults is associated with dreaming. Active sleep appears rhythmically in cycles of about 1 hour and accounts for up to 50 percent of a newborn's total sleep time. The amount of REM sleep declines to less than 30 percent of daily sleep time by age 3 and continues to decrease steadily throughout life .

Beginning in their first month, night time sleep periods gradually lengthen as babies grow more wakeful in the daytime and need less sleep overall. Some infants begin to sleep through the night as early as 3 months. By 6 months, an infant typically sleeps for 6 hours straight at night, but brief nighttime waking is normal even during late infancy and toddlerhood. A 2-year-old typically sleeps about 13 hours a day, including a single nap, usually in the afternoon. Babies' sleep rhythms and schedules vary across cultures.

Assessments

Almost immediately after birth, after the baby and its parents have been introduced, a newborn is taken to be weighed, cleaned up, and tested for signs of developmental problems that might require urgent attention.

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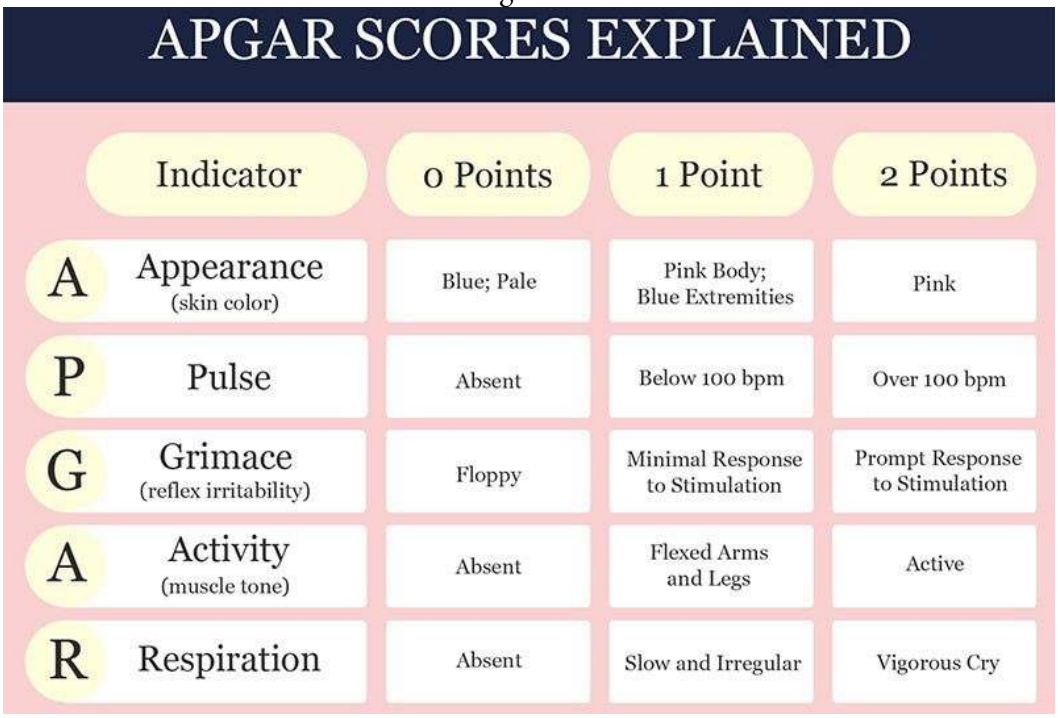
1. **The Apgar Scale** is widely used to assess the health of newborns at one and five minutes after birth. The Apgar Scale evaluates an infant's heart rate, respiratory effort, muscle tone, body color, and reflex irritability. An obstetrician or a nurse does the evaluation and gives the newborn a score, or reading, of 0, 1, or 2 on each of these five health signs. A total score of **7 to 10** indicates that the newborn's condition is **good**. A score of **5** indicates there may be **developmental difficulties.** A score of **3 or below** signals an **emergency** and indicates that the baby might not survive. The Apgar Scale is especially good at assessing the newborn's ability to respond to the stress of delivery and the new environment. It also identifies high-risk infants who need resuscitation.



2. **The Brazelton Neonatal Behavioral Assessment Scale (NBAS)** is typically performed within 24 to 36 hours after birth. It is also used as a sensitive index of neurological competence up to one month after birth for typical infants and as a measure in many studies of infant development. The NBAS assesses the newborn's neurological development, reflexes, and reactions to people and objects. Sixteen reflexes, such as sneezing, blinking, and rooting, are assessed, along with reactions to animate (such as a face and voice) and inanimate stimuli (such as a rattle).

3. **The Neonatal Intensive Care Unit Network Neurobehavioral Scale (NNNS)** is an "offspring" of the NBAS, and it provides another assessment of the newborn's behavior, neurological and stress responses, and regulatory capacities. Whereas the NBAS was developed to assess normal, healthy, term infants, T. Berry Brazelton, along with Barry Lester and Edward Tronick, developed the NNNS to assess the "at-risk" infant. It is especially useful for evaluating preterm infants (although it may not be appropriate for those less than 30 weeks' gestational age) and substance-exposed infants.
   A recent NNNS assessment (at one month of age) of preterm infants who were exposed to substance abuse prenatally revealed that the NNNS predicted certain developmental outcomes, such as neurological difficulties, IQ, and school readiness at 4.5 years of age.

Reflexes

Reflexes are involuntary movements or actions. Some movements are spontaneous and occur as part of the baby's normal

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activity. Others are responses to certain actions. Healthcare providers check reflexes to determine if the brain and nervous system are working well.

Reflex behaviour: Automatic, involuntary, innate responses to stimulation, Controlled by lower brain

A. **Primitive reflexes** -sucking, rooting, grasping reflex
B. **Postural reflex** -reaction to change in position and balance
C. **Locomotor reflex** -walking and swimming

Some reflexes occur only in specific periods of development. The following are some of the normal reflexes seen in newborn babies:

1. **Rooting reflex -** This reflex starts when the corner of the baby's mouth is stroked or touched. The baby will turn his or her head and open his or her mouth to follow and root in the direction of the stroking. This helps the baby find the breast or bottle to start feeding. This reflex lasts about 4 months.

2. **Sucking reflex -** Rooting helps the baby get ready to suck. When the roof of the baby's mouth is touched, the baby will start to suck. This reflex doesn't start until about the 32nd week of pregnancy and is not fully developed until about 36 weeks. Premature babies may have a weak or immature sucking ability because of this. Because babies also have a hand-to-mouth reflex that goes with rooting and sucking, they may suck on their fingers or hands.

3. **The Moro reflex** is often called a startle reflex. That's because it usually occurs when a baby is startled by a loud sound or movement. In response to the sound, the baby throws back his or her head, extends out his or her arms and legs, cries, then pulls the arms and legs back in. A baby's own cry can startle him or her and trigger this reflex. This reflex lasts until the baby is about 2 months old.

4. **Darwinian / Grasping Reflex -** Stroking the palm of a baby's hand causes the baby to close his or her fingers in a grasp. The grasp reflex lasts until the baby is about 5 to 6 months old. A similar reflex in the toes lasts until 9 to 12 months.

5. **Tonic neck Reflex -**When a baby's head is turned to one side, the arm on that side stretches out and the opposite arm bends up at the elbow. This is often called the fencing position. This reflex lasts until the baby is about 5 to 7 months old.

6. **Babinski Reflex -** When the sole of the foot is firmly stroked, the big toe bends back toward the top of the foot and the other toes fan out. This normal reflex lasts until the child is about 2 years of age.

7. **Babkin -** The Babkin reflex occurs in newborn babies, and describes varying responses to the application of pressure to both palms. Infants may display head flexion, head rotation, opening of the mouth, or a combination of these responses.

8. **Walking / Stepping reflex** is just one of many involuntary movements newborns make when learning to adjust to their new world outside of the womb .The walking or stepping reflex is present at birth, though infants this young cannot support their own weight. When the soles of their feet touch a flat surface they will attempt to walk by placing one foot in front of the other. This reflex integrates around 5–6 months as infants start attempting to walk after this reflex disappears. And it doesn't last forever. Like other newborn reflexes, these motions typically disappear after a few

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months.

9. **Swimming reflex** - The swimming reflex involves placing an infant face down in a pool of water. The infant will begin to paddle and kick in a swimming motion. The reflex disappears between 4–6 months. Despite the infant displaying a normal response by paddling and kicking, placing them in water can be a very risky procedure. Infants can swallow a large amount of water while performing this task, therefore caregivers should proceed with caution.

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Physical Developments in Infancy

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Infants' physical development in the first two years of life is **extensive**. Newborns' heads are quite large when compared with the rest of their bodies. They have little strength in their necks and cannot hold their heads up, but they have some basic reflexes. In the span of 12 months, infants become capable of sitting anywhere, standing, stooping, climbing, and usually walking. During the second year, growth decelerates, but rapid increases in such activities as running and climbing take place.

Patterns of Growth

An extraordinary proportion of the total body is occupied by the head during prenatal development and early infancy.
The cephalocaudal pattern is the sequence in which the earliest growth always occurs at the top— the head—with physical growth and differentiation of features gradually working their **way down from top to bottom** (for example, shoulders, middle trunk, and so on). This same pattern occurs in the head area, because the top parts of the head—the eyes and brain—grow faster than the lower parts, such as the jaw. Motor development generally proceeds according to the **cephalocaudal principle.** For example, infants see objects before they can control their torso, and they can use their hands long before they can crawl or walk.

Growth also follows the **proximodistal pattern**, the sequence in which growth starts at the center of the body and moves toward the extremities. For example, infants control the muscles of their trunk and arms before they control their hands and fingers, and they use their whole hands before they can control several fingers.

Height and Weight

The average newborn is **20 inches long and weighs 7 pounds/ 3.1 kgs**. Ninety-five percent of full-term newborns are b In the first several days of life, most **newborns lose 5 to 7 percent** of their body weight before they adjust to feeding by sucking, swallowing, and digesting. Then they **grow rapidly,** gaining an average of **5 to 6 ounces per week** during the first month. They have **doubled their birth weight** by the age of 4 months and have nearly **tripled it by their first birthday**. Infants grow about 1 inch per month during the first year, approximately **doubling their birth length** by their first birthday. Growth **slows** considerably in **the second year** of life. By 2 years of age, infants weigh approximately 26 to 32 pounds, having gained a quarter to half a pound per month during the second year; now they have reached about one-fifth of their adult weight. At 2 years of age, the average infant is **32 to 35 inches in heigh**t, which is nearly half of their adult height.

The Brain

By the time the infant is born, the infant that began as a single cell is estimated to have a brain that contains approximately 100 billion nerve cells, or **neurons**. Extensive brain development continues after birth, through infancy and later. Because the brain is still developing so rapidly in infancy, the infant's head should be protected from falls or other injuries and the baby should never be shaken. During early childhood, the brain and head grow more rapidly than any other part of the body. **Myelination** in the areas of the brain related to hand-eye coordination is **not complete** until about **4 years of age or** the end of middle or late childhood. The **brain pathways and circuitry** involving the prefrontal cortex, the highest level in the brain, continue to increase in middle and late childhood.

At birth, the newborn's brain is about 25 percent of its adult weight. By the second birthday, the brain is about 75 percent of its adult weight. However, the brain's areas do not mature uniformly. Children who grow up in a deprived environment may have **depressed brain activity.**

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The infant's brain depends on experiences to determine how **connections** are made. Before birth, it appears that genes mainly direct basic wiring patterns. Neurons grow and travel to distant places awaiting further instructions. After birth, the inflowing stream of sights, sounds, smells, touches, language, and eye contact help shape the brain's neural connections. The frontal lobe is immature in the newborn At about 2 months of age, the motor control centers of the brain develop. At about 4 months, the **neural connections** necessary for depth perception **begin to form**. And at about 12 months, the brain's speech centers are developed.

One of the most dramatic changes in the brain in the first two years of life is **dendritic spreading**, which increases the connections between neurons. Myelination, which speeds the conduction of nerve impulses, continues through infancy and even into adolescence. The **cerebral cortex** has two hemispheres (left and right). **Lateralization** refers to specialization of function in one hemisphere or the other. Early experiences play an important role in brain development. Neural connections are formed early in an infant's life. Before birth, genes mainly direct neurons to different locations. After birth, the inflowing stream of sights, sounds, smells, touches, language, and eye contact help shape the brain's neural connections, as does stimulation from caregivers and others. **Shaken baby syndrome**, which includes brain swelling and hemorrhaging, affects hundreds of babies each year.

Sleep

The typical newborn sleeps approximately **18 hours a day,** but newborns vary a lot in how much they sleep. The range is from about 10 hours to about 21 hours. Infants also vary in their preferred times for sleeping and their patterns of sleep. Although the total amount of time spent sleeping remains somewhat consistent, an infant may change from sleeping 7 or 8 hours several times a day to sleeping for only a few hours three or four times a day.

By about 1 month of age, many infants have begun to sleep longer at night. By 6 months of age, they usually have moved closer to adult-like sleep patterns, spending the most time sleeping at night and the most time awake during the day. The most common infant sleep-related problem reported by parents is **night waking.** Surveys indicate that 20 to 30 percent of infants have difficulty going to sleep at night and sleeping through the night. Infant night-waking problems have consistently been linked to excessive parental involvement in sleep-related interactions with their infant. Also, a study of 9-month-old infants revealed that more time awake at night was linked to intrinsic factors such as **daytime crying and fussing, and extrinsic factors such as distress when separated from the mother, breast feeding, and sleeping with parents in their bed.**

Sleeping arrangements for infants vary across cultures. Infants are more likely to sleep alone than in many other cultures. Some experts believe shared sleeping can lead to sudden infant death syndrome (SIDS), a condition that occurs when a sleeping infant suddenly stops breathing and dies without an apparent cause.

REM Sleep -REM sleep—during which **dreaming occurs**—is present more in early infancy than in childhood and adulthood. In REM sleep, the eyes flutter beneath closed lids; in non-REM sleep , this type of eye movement does not occur and sleep is more quiet. However, about half of an infant's sleep is REM sleep, and infants often begin their sleep cycle with REM sleep rather than non-REM sleep. A much greater amount of time is taken up by REM sleep in infancy than at any other point in the life span. By the time infants reach 3 months of age, the percentage of time they spend in REM sleep falls to about 40 percent, and **REM sleep no longer begins their sleep cycle.**

Nutrition

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Infants need to consume about 50 calories per day for each pound they weigh. The growing consensus is that in most instances breastfeeding is superior to bottle feeding for both the infant and the mother, although the correlational nature of studies must be considered. Severe infant malnutrition is still prevalent in many parts of the world. A special concern in impoverished countries is early weaning from breast milk and the misuse and hygiene problems associated with bottle feeding in these countries. The Women, Infants, and Children (WIC) program has shown positive benefits in low-income families.

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Motor Development

The Dynamic Systems View

According to dynamic systems theory, infants **assemble motor skills for perceiving and acting**. Notice that **perception and action** are **coupled** according to this theory. To develop motor skills, infants must perceive something in the environment that motivates them to act and use their perceptions to fine-tune their movements. Motor skills represent **solutions** to the infant's goals.

According to this theory, motor skills are the result of many **converging factors**, such as the development of the nervous system, the body's physical properties and its movement possibilities, the goal the child is motivated to reach, and environmental support for the skill. In the dynamic systems view, motor development is far more complex than the result of a genetic blueprint.

Reflexes

Reflexes—automatic movements—govern the newborn's behavior. They include the sucking, rooting, and Moro reflexes. The rooting and Moro reflexes disappear after three to four months. Permanent reflexes include coughing and blinking. For infants, sucking is an especially important reflex because it provides a means of obtaining nutrition.

Gross Motor Skills

Gross motor skills involve large-muscle activities. Key skills developed during infancy include control of **posture and walking**. Although infants usually learn to walk by their first birthday, the neural pathways that allow walking begin to form earlier. The age at which infants reach milestones in the development of gross motor skills may vary by as much as two to four months, especially for milestones in late infancy. Newborn infants cannot voluntarily control their posture. Within a few weeks, though, they can hold their heads erect. By 2 months of age, babies can sit while supported on a lap or an infant seat, but they cannot sit independently until they are 6 or 7 months of age. Standing also develops gradually during the first year of life. By about 8 to 9 months of age, infants usually learn to pull themselves up and hold onto a chair, and they often can stand alone by about 10 to 12 months of age. By 13 to 18 months, toddlers can pull a toy attached to a string and use their hands and legs to climb up a number of steps. By 18 to 24 months, toddlers can walk quickly or run stiffly for a short distance, balance on their feet in a squat position while playing with objects on the floor, walk backward without losing their balance, stand and kick a ball without falling, stand and throw a ball, and jump in place.

Fine Motor Skills

Fine motor skills involve finely tuned movements, such as finger dexterity. The onset of reaching and grasping marks a significant accomplishment, and this becomes more refined during the first two years of life. Grasping a toy, using a spoon, buttoning a shirt, or anything. It requires finger dexterity and demonstrates fine motor skills. Infants have hardly any control over fine motor skills at birth, but newborns do have many components of what will become finely coordinated arm, hand, and finger movements.

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Physical Developments in Childhood

Infant's growth in the first year is rapid and follows cephalocaudal and proximodistal patterns. Improvement in fine motor skills—such as being able to turn the pages of a book one at a time—also contributes to the infant's sense of mastery in the second year. The growth rate continues to slow down in early childhood. Continued change characterizes children's bodies during middle and late childhood, and their motor skills improve. As children move through the elementary school years, they gain greater control over their bodies and can sit and keep their attention focused for longer periods of time. Regular exercise is one key to making these years a time of healthy growth and development.

1. **Body Growth and Change**
   The average child grows 2½ inches in height and gains between 5 and 7 pounds a year during early childhood. Growth patterns vary individually, though. From 3 to 6 years of age, the most rapid growth in the brain occurs in the frontal lobes. The period of middle and late childhood involves slow, consistent growth. During this period, children grow an average of 2 to 3 inches a year. Muscle mass and strength gradually increase. Among the most pronounced changes in body growth and proportion are decreases in head circumference and waist circumference in relation to body height.
2. **Brain**
   Some of the brain's interior changes in early childhood are due to myelination. Changes in the brain in middle and late childhood included advances in functioning in the prefrontal cortex, which are reflected in improved attention, reasoning, and cognitive control. During middle and late childhood, less diffusion and more focal activation occurs in the prefrontal cortex, a change that is associated with an
   increase in cognitive control.

3. **Motor Development**
   Gross motor skills increase dramatically during early childhood. Children become increasingly adventuresome as their gross motor skills improve. Fine motor skills also improve substantially during early childhood. During the middle and late childhood years, motor development becomes much smoother and more coordinated. Children gain greater control over their bodies and can sit and attend for longer periods of time. However, their lives should be activity-oriented and very active. Increased myelination of the central nervous system is reflected in improved motor skills. Improved fine motor skills appear in the form of handwriting development. Boys are usually better at gross motor skills, girls at fine motor skills.

4. **Sleep**
   Experts recommend that young children get 11 to 13 hours of sleep each night. Most young children sleep through the night and have one daytime nap. Helping the young child slow down before bedtime often leads to less resistance in going to bed. Sleep problems in young children are linked to other problems, such as being overweight and being depressed. Disruptions in sleep in early childhood are related to less optimal adjustment in preschool.
5. **Nutrition and Exercise**
   Many young children are being raised on diets that are too high in fat. The child's life should be centered on activities, not meals. Other nutritional concerns include malnutrition in early childhood and the inadequate diets

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of many children living in poverty. Young children are not getting nearly as much exercise as they need. Parents play an especially important role in guiding children to increase their exercise. Heavy television and computer use are linked to lower activity levels in children.

6. **Illness and Death**
   In recent decades, vaccines have virtually eradicated many diseases that once resulted in the deaths of many young children. The disorders still most likely to be fatal for young children are cancer and cardiovascular disease, but accidents are the leading cause of death in young children. A special concern is the poor health status of many young children in low-income families. There has been a dramatic increase in HIV/AIDS in young children in developing countries in the last decade.

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Puberty and Adolescent Change

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Meaning, biological changes: Sexual maturation, growth spurt

The Nature of Adolescence

Many stereotypes of adolescents are too negative. Most adolescents today successfully negotiate the path from childhood to adulthood. However, too many of today's adolescents are not provided with adequate opportunities and support to become competent adults. It is important to view adolescents as a heterogeneous
group because different portraits of adolescents emerge, depending on the particular set of adolescents being described.

Puberty

Puberty is a period of rapid physical maturation involving hormonal and bodily changes that occurs primarily during early adolescence. Puberty is not a single, sudden event.Puberty's determinants include nutrition, health, and heredity. The initial onset of the pubertal growth spurt occurs on the average at 9 years for girls and 11 for boys, reaching a peak change for girls at 11½ and for boys at 13½. Individual variation in pubertal changes is substantial. Adolescents show considerable interest in their body image, with girls having more negative body images than boys do. For boys, early maturation brings benefits, at least during early adolescence. Early-maturing girls are vulnerable to a number of risks.

- **Sexual Maturation, Height, and Weight**
  Researchers have found that male pubertal characteristics typically develop in this order: increase in penis and testicle size, appearance of straight pubic hair, minor voice change, first ejaculation, appearance of kinky pubic hair, onset of maximum growth in height and weight, growth of hair in armpits, more detectable voice changes, and, finally, growth of facial hair. Puberty results from heightened production of sex-related hormones and takes place in two stages: **adrenarche**, the maturing of the adrenal glands, followed a few years later by **gonadarche,** the maturing of the sex organs. The principal sign of sexual maturity in boys is adolescent growth spurt Sharp increase in height and weight that precedes sexual maturity. Most girls experience a growth spurt two years earlier than most boys, so between ages 11 and 13 girls tend to be taller, heavier, and stronger than boys the same age. the production of sperm. The first ejaculation, or **spermarch**e, occurs at an average age of 13. A boy may wake up to find a wet spot or a hardened, dried spot on the sheets—the result of a nocturnal emission, an involuntary ejaculation of semen (commonly referred to as a wet dream). Most adolescent boys have these emissions, sometimes in connection with an erotic dream.

  For girls, first, either the breasts enlarge or pubic hair appears. Later, hair appears in the armpits. As these changes occur, the female grows in height and her hips become wider than her shoulders. **Menarche** —a girl's first menstruation—comes rather late in the pubertal cycle. Initially, her menstrual cycles may be highly irregular. For the first several years, she may not ovulate every menstrual cycle; some girls do not ovulate at all until a year or two after menstruation begins. No voice changes comparable to those in pubertal males occur in pubertal females. By the end of puberty, the female's breasts have become more fully rounded.

  Marked weight gains coincide with the onset of puberty. During early adolescence, girls tend to outweigh boys, but by about age 14 boys begin to surpass girls. Similarly, at the beginning of the adolescent period, girls tend to be as tall as or taller than boys of their age, but by the end of the middle school years most boys have caught up or, in many cases, surpassed girls in height.

  The adolescent growth spurt —a rapid increase in height, weight, and muscle and bone growth that occurs

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during puberty—generally begins in girls between ages 9½ and 14½ (usually at about 10) and in boys, between 10½ and 16 (usually at 12 or 13). It typically lasts about two years; soon after it ends, the young person reaches sexual maturity. Both growth hormone and the sex hormones (androgens and estrogen) contribute to this normal pubertal growth pattern

- **Hormonal Changes**
  Hormones are Powerful chemical substances secreted by the endocrine glands and carried through the body by the bloodstream.

➢ **Hypothalamus**- A structure in the brain that is involved with eating and sexual behavior.
➢ **Pituitary gland** -An important endocrine gland that controls growth and regulates the activity of other glands.
➢ **Gonads** - The sex glands, which are the testes in males and the ovaries in females.
➢ **Gonadotropins** Hormones that stimulate the testes or ovaries.
➢ **Testosterone** -A hormone associated in boys with the development of the genitals, increased height, and voice changes.
➢ **Estradiol** - A hormone associated in girls with breast, uterine, and skeletal development.

Brain - Changes in the brain during adolescence involve the thickening of the corpus callosum and a gap in maturation between the amygdala and the prefrontal cortex, which functions in reasoning and self-regulation. The prefrontal cortex doesn't finish maturing until the emerging adult years. Levels of neurotransmitters change.

Adolescence is a time of **sexual exploration and sexual experimentation.** Having sexual intercourse in early adolescence is associated with negative developmental outcomes. Contraceptive use by adolescents is increasing. About one in four sexually experienced adolescents acquires a sexually transmitted infection (STI). Many counties's adolescent pregnancy rate is high but has been decreasing in recent years.

Primary and Secondary Sexual Characteristics

The **primary sex characteristics** are the organs necessary for reproduction.
In the **female**, the sex organs include the ovaries, fallopian tubes, uterus, clitoris, and vagina.
In the **male**, they include the testes, penis, scrotum, seminal vesicles, and prostate gland. During puberty, these organs enlarge and mature.
The **secondary sex characteristics** are physiological signs of sexual maturation that do not directly involve the sex organs, for example, the breasts of females and the broad shoulders of males. Other secondary sex characteristics are changes in the voice and skin texture, muscular development, and the growth of pubic, facial, axillary (underarm), and body hair. These changes unfold in a sequence that is much more consistent than their timing, though it does vary somewhat. One girl may develop breasts and body hair at about the same rate; in another girl, body hair may reach adultlike growth a year or so before breasts develop. Similar variations in pubertal status (degree of pubertal development) and timing occur among

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boys.

Adult development and Ageing; Death , Assessments in studying development

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The Transition From Adolescence to Adulthood

1. **Early Adulthood - Emerging adulthood** is the term now given to the transition from adolescence to adulthood. Its age range is about 18 to 25 years of age, and it is characterized by experimentation and exploration. There is both continuity and change in the transition from adolescence to adulthood. Two criteria for adult status are **economic independence and taking responsibility** for the consequences of one's actions. The transition from high school to college can involve both positive and negative features. Although students may feel more grown up and be intellectually challenged by academic work, for many the transition involves a focus on the stressful move from being the oldest and most powerful group of students to being the youngest and least powerful group. College students today report experiencing more stress and are more depressed than college students in the past.
2. **Middle Adulthood -** As more people live to an older age, what we think of as middle age seems to be occurring later. A major reason developmentalists are beginning to study middle age is because of the dramatic increase in the number of individuals entering this period of the life span. Middle age involves extensive individual variation. With this variation in mind, we will consider middle adulthood to be entered at about 40 to 45 years of age and exited at approximately 60 to 65 years of age. Middle adulthood is the age period in which gains and losses as well as biological and sociocultural factors balance each other. Some experts conclude that sociocultural factors influence development in midlife more than biological factors.
3. **Late Adulthood -** The Shrinking, Slowing Brain - On average, the brain loses 5 to 10 percent of its weight. Brain volume also decreases. The prefrontal cortex is one area that shrinks with aging. Decline in the production of some neurotransmitters. Neurogenesis is the generation of new neurons. Dendritic growth can occur in human adults.

Physical Development

Physical Development in Early Adulthood

A. **Physical Performance and Development-** Uneventful time in the body's history. Height remains rather constant during early adulthood. Many individuals also reach a peak of muscle tone and strength in their late teens and twenties. Several attributes may begin to decline in the thirties. Peak physical performance is often reached between 19 and 26 years of age. Toward the latter part of early adulthood, a detectable slowdown in physical performance is apparent for most individuals.
B. **Health** - Emerging adults have more than twice the mortality rate of adolescents, with males being mainly responsible for the increase. Despite their higher mortality rate, emerging adults in general have few chronic health problems. Many emerging adults develop bad health habits that can affect their health later in life.
C. **Eating and Weight** - Obesity is a serious problem, with about 33 percent of Americans overweight enough to be at increased health risk. Heredity, leptin, set point, and environmental factors are involved in obesity. Most diets don't work long term. For those that do, exercise is usually an important component.
D. **Regular Exercise** - Both moderate and intense exercise produce important physical and psychological gains.
E. **Substance Abuse -** By the mid-twenties, a reduction in alcohol and drug use often takes place. Binge drinking among college students is still a major concern and can cause students to miss classes, have trouble with police, and have unprotected sex. Alcoholism is a disorder that impairs an individual's

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health and social relationships. Fewer young adults are smoking cigarettes. Most adult smokers would like to quit but their addiction to nicotine makes quitting a challenge. Most of us reach our peak physical performance before the age of 30. After 30, there is a decline.

Physical Development in Middle Adulthood

A. **Physical Changes** - Middle age is a window through which we can glimpse later life while there is still time to engage in preventive behaviors and influence the course of aging. The physical changes of midlife are usually gradual. Genetic and lifestyle factors play important roles in whether chronic diseases will appear and when. Among the physical changes of middle adulthood are changes in physical appearance (wrinkles, aging spots); height (decrease) and weight (increase); strength, joints, and bones; vision and hearing; cardiovascular system; lungs; and sleep.

B. **Health and Disease -** In middle age, the frequency of accidents declines and individuals are less susceptible to colds and allergies. Chronic disorders rarely appear in early adulthood, increase in middle adulthood, and become more common in late adulthood. Fine motor skills may undergo some decline in middle and late adulthood. **Arthritis** is the leading chronic disorder in middle age, followed by hypertension. Men have more fatal chronic disorders, women more nonfatal ones in middle age. Immune system functioning declines with aging. Emotional stress likely is an important factor contributing to cardiovascular disease. People who live in a chronically stressed condition are likelier to smoke, overeat, and not exercise. All of these stress-related behaviors are linked with cardiovascular disease. Culture plays an important role in coronary disease.

C. **Mortality Rates** - In middle adulthood, **chronic diseases** are the main causes of death. Until recently, **cardiovascular disease** was the leading cause of death in middle age, but now cancer is the leading cause of death in this age group.

D. **Sexuality - Climacteric** is the midlife transition in which fertility declines. The vast majority of women do not have serious physical or psychological problems related to menopause, which usually arrives in the late forties and early fifties, but **menopause** is an important marker because it signals the end of childbearing capability. **Hormone replacement therapy (HRT)** augments the declining levels of reproductive hormone production by the ovaries. HRT consists of various forms of estrogen, and usually progestin. Recent evidence of risks associated with HRT suggests that its long-term use should be seriously evaluated. Men do not experience an inability to father children in middle age, although their testosterone levels decline. A male menopause, like the dramatic decline in estrogen in women, does not occur. Sexual behavior occurs less frequently in middle adulthood than in early adulthood. Nonetheless, a majority of middle-aged adults show a moderate or strong interest in sex.

Physical Development in Late Adulthood

A. Life Expectancy and Life Span - Life expectancy refers to the number of years that will probably be lived by an average person born in a particular year. Life span is the maximum number of years an individual can live.Life span is the upper boundary of life, the maximum number of years an individual can live. Life expectancy has dramatically increased; life span has not. An increasing number of individuals live to be 100 or older. Genetics, health, and coping well with stress can contribute to becoming a **centenarian (a person who is a hundred or more years old.)** On the average, females live about six years longer than males do. The sex difference is likely due to biological and social factors.

Primary aging- gradual inevitable process of bodily deterioration throughout the lifespan.

Secondary aging- Aging processes that result from disease and bodily abuse and disuse and are often preventable.

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Functional age- Measure of a person's ability to function effectively in his or her physical and social environment in comparison with others of the same chronological age.

B. The Young-Old, the Old- Old, and the Oldest-Old - In terms of chronological age, the young-old have been described as being 65 to 74 years of age, the old-old as 75 years and older, and the oldest-old as 85 years and older. Many experts on aging prefer to describe the young-old, old-old, and oldest-old in terms of functional age rather than chronological age. This view accounts for the fact that some 85-year-olds are more biologically and psychologically fit than some 65-year-olds. However, those 85 and older face significant problems, whereas those in their sixties and seventies are experiencing an increase in successful aging.

C. Theories of Aging

I. Genetic Programing Theories - Genetic-programming theories hold that people's bodies age according to a normal developmental timetable built into the genes.

1. **Programmed senescence theory** - One such theory is that aging results from programmed senescence : specific genes "switching off " before age-related losses (for example, in vision, hearing, and motor control) become evident. Bodies age according to a normal developmental timetable built into the genes, biological clock. Aging is the result of the sequential switching on and off of certain genes. Senescence is the time when the resulting age-associated deficits become evident.

   Twin studies have found that genetic differences account for about one-fourth of the variance in the adult human life span. This genetic influence is minimal before age 60 but increases after that age. It probably involves many rare gene variants, each with small effects. Mitochondria , tiny organisms that generate energy for cell processes, play an important role in helping cells survive under stress.
2. **Endocrine Theory** - According to endocrine theory, the biological clock acts through genes that control hormonal changes . Loss of muscle strength, accumulation of fat, and atrophy of organs may be related to declines in hormonal activity.
3. **Immunological theory** - A programmed decline in immune system functions leads to increased vulnerability to infectious disease and thus to aging and death. Immunological theory proposes that certain genes may cause problems in the immune system , which declines with age, leaving the body vulnerable to infectious disease.
4. **Evolutionary theory** - Aging is an evolved trait enabling members of a species to live only long enough to reproduce. According to this theory, reproductive fitness is the primary aim of natural selection, and no reproductive purpose is served by putting genetic resources into life beyond reproductive age.

II. Variable-Rate Theories / error theories -Aging is the result of processes that vary from person to person and influenced by both internal and external environment. This theory views aging as a result of random processes that vary from person to person. In most variable-rate theories, aging involves damage due to chance errors in, or environmental assaults on, biological systems. Other variable-rate theories focus on internal processes such as metabolism (the process by which the body turns food and oxygen into energy), which may directly and continuously influence the rate of aging.

1. **Wear-and-tear theory** - Cells and tissues have vital parts that wear out. Wear-and-tear theory

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holds that the body ages as a result of accumulated damage to the system at the molecular level. The body's cells are constantly multiplying through cell division; this process is essential to balance the programmed death of useless or potentially dangerous cells and to keep organs and systems functioning properly. As people age, they are less able to repair or replace damaged parts. Internal and external stressors (including the accumulation of harmful materials, such as chemical by-products of metabolism) may aggravate the wearing-down process.

2. **Free-radical theory** - Accumulated damage from oxygen radicals. Eventually organs to stop functioning. Free-radical theory focuses on harmful effects of free radicals : highly unstable oxygen atoms or molecules formed during metabolism, which react with and can damage cell membranes, cell proteins, fats, carbohydrates, and even DNA. Damage from free radicals accumulates with age; it has been associated with arthritis, muscular dystrophy, cataracts, cancer, late-onset diabetes, and neurological disorders such as Parkinson's disease. Support for free radical theory comes from research in which fruit flies, given extra copies of genes that eliminate free radicals, lived as much as one-third longer than usual. Conversely, a strain of mice bred without a gene called **MsrA** that normally protects against free radicals had shorter-than-normal life spans.
3. **Rate-of-living theory** - The greater an organism's rate of metabolism, the shorter its lifespan. Rate-of-living theory suggests that the body can do just so much work, and that's all; the faster it works, the more energy it uses, and the faster it wears out. Thus, speed of metabolism, or energy use, determines length of life. Fish whose metabolism is lowered by putting them in cooler water live longer than they would in warm water .
4. **Autoimmune theory** - Immune system becomes confused and attacks its own body cells.Autoimmune theory suggests that an aging immune system can become "confused" and release antibodies that attack the body's own cells. This malfunction, called autoimmunity , is thought to be responsible for some aging-related diseases and disorders

III. Five biological theories of Aging are evolutionary theory, cellular clock theory, free-radical theory, mitochondrial theory, and hormonal stress theory.

1. **Evolutionary Theory** - The benefits conferred by evolutionary selection decrease with age. In the evolutionary theory of aging, natural selection has not eliminated many harmful conditions and nonadaptive characteristics in older adults. Because natural selection is linked to reproductive fitness, which only is present in the earlier part of adulthood. For example, consider Alzheimer disease, an irreversible brain disorder, which does not appear until the late middle adulthood or late adulthood years. In evolutionary theory, if Alzheimer disease occurred earlier in development, it may have been eliminated many centuries ago.
2. **Cellular Clock Theory** - Cellular clock theory is Leonard Hayflick's (1977) theory that cells can divide a maximum of about 75 to 80 times, and that as we age our cells become less capable of dividing. Hayflick found that cells extracted from adults in their fifties to seventies, divided fewer than 75 to 80 times. Based on the ways cells divide, Hayflick places the upper limit of the human life-span potential at about 120 to 125 years of age. In the last decade, scientists have tried to fill in a gap in cellular clock theory. Hayflick did not know why cells die. The answer may lie at the tips of chromosomes, at telomeres, which are DNA sequences that cap chromosomes. **Telomeres are likely involved in**

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explaining why cells lose their capacity to divide.

3. **Free-Radical Theory** - A second microbiological theory of aging is free-radical theory, which states that people age because when cells metabolize energy, the by-products include unstable oxygen molecules known as free radicals. The free radicals ricochet around the cells, damaging DNA and other cellular structures. The damage can lead to a range of disorders, including cancer and arthritis. Overeating is linked with an increase in free radicals, and researchers recently have found that calorie restriction—a diet restricted in calories although adequate in proteins, vitamins, and minerals—reduces the oxidative damage created by free radicals .

4. **Mitochondrial Theory**- There is increasing interest in the role that mitochondria —tiny bodies within cells that supply essential energy for function, growth, and repair—might play in aging. Mitochondrial theory states that aging is due to the decay of mitochondria. It appears that this decay is primarily from oxidative damage and loss of critical micronutrients supplied by the cell.
   Defects in mitochondria are linked with cardiovascular disease, neurodegenerative diseases such as dementia and Parkinson disease, and decline in liver functioning. Mitochondria likely play important roles in neuronal plasticity. However, it is not known whether the defects in mitochondria cause aging or are merely accompaniments of the aging process.

5. **Hormonal Stress Theory** - Cellular clock, free-radical, and mitochondrial theories attempt to explain aging at the cellular level. In contrast, hormonal stress theory argues that aging in the body's hormonal system can lower resistance to stress and increase the likelihood of disease. Normally, when people experience stressors, the body responds by releasing certain hormones. As people age, the hormones stimulated by stress remain at elevated levels longer than when people were younger. These prolonged, elevated levels of stress-related hormones are associated with increased risks for many diseases, including cardiovascular disease, cancer, diabetes, and hypertension.

D. The Aging Brain - The brain loses weight and volume with age, and there is a general slowing of function in the central nervous system that begins in middle adulthood and increases in late adulthood. However, researchers have recently found that older adults can generate new neurons, and at least through the seventies, new dendrites. The aging brain retains considerable plasticity and adaptiveness. For example, it may compensate for losses in some regions of the brain by shifting responsibilities to other regions. A decrease in lateralization may reflect this kind of compensation, or it may reflect an age-related decline in the specialization of function.

E. The Immune System - Decline in the immune system functioning with aging is well documented. Exercise can improve immune system functioning.

F. Physical Appearance and Movement - The most obvious signs of aging are wrinkled skin and age spots on the skin. People get shorter as they age, and their weight often decreases after age 60 because of loss of muscle. The movement of older adults slows across a wide range of movement tasks.

G. Sensory Development - Declines in visual acuity, color vision, and depth perception usually occur with age, especially after age 75. The yellowing of the eye's lens with age reduces color differentiation. The ability to see the

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periphery of a visual field also declines in older adults. Significant declines in visual functioning related to glare characterize adults 75 years and older and even more so for those 85 and older. Three diseases that can impair the vision of older adults are cataracts, glaucoma, and macular degeneration. Hearing decline can begin in middle age but usually does not become much of an impediment until late adulthood. Hearing aids (for conductive hearing loss) and cochlear implants (for neurosensory hearing loss) can diminish hearing problems for many older adults. Smell and taste can decline, although the decline is minimal in healthy older adults. Changes in touch sensitivity are associated with aging, although this does not present a problem for most older adults. Sensitivity to pain decreases in late adulthood.

H. The Circulatory System and Lungs -Cardiovascular disorders increase in late adulthood. Consistent high blood pressure should be treated to reduce the risk of stroke, heart attack, and kidney disease. Lung capacity does drop with age, but older adults can improve lung functioning with diaphragm-strengthening exercises.

I. Sexuality - Aging in late adulthood does include some changes in sexual performance, more for males than females. Nonetheless, there are no known age limits to sexual activity.

J. Health Problems - As we age, our probability of disease or illness increases. Chronic disorders are rare in early adulthood, increase in middle adulthood, and become more common in late adulthood. The most common chronic disorder in late adulthood is arthritis. Nearly three-fourths of older adults die of cancer, heart disease, or stroke. Osteoporosis is the main reason many older adults walk with a stoop; women are especially vulnerable. Accidents are usually more debilitating to older adults than to younger adults.

K. Substance Use and Abuse - Alcohol use and abuse declines in older adults, although this is more difficult to detect in older adults than in younger adults.

L. Exercise, Nutrition, and Weight - The physical benefits of exercise have clearly been demonstrated in older adults. Aerobic exercise and weight lifting are both recommended if the adults are physically capable of them. There is concern about older adults who do not get adequate vitamins and minerals, especially women. Caloric restriction (CR) in animals can increase the animals' life span, but whether this works with humans is not known. In humans, being overweight is associated with an increased mortality rate. Most nutritional experts recommend a well-balanced, low-fat diet for older adults, but do not recommend an extremely low-calorie diet. Controversy surrounds the question of whether vitamin supplements—especially the antioxidants vitamin C, vitamin E, and beta-carotene—can slow the aging process and improve older adults' health. Recent research has found a link between taking B vitamins and positive cognitive performance in older adults.

M. Health Treatment - Although only 3 percent of adults over 65 reside in nursing homes, 23 percent of adults 85 and over do. The quality of nursing homes varies enormously. Alternatives to nursing homes are being proposed. Simply giving nursing home residents options for control and teaching coping skills can change their behavior and improve their health. The attitudes of both the health care provider and the older adult patient are important aspects of the older adult's health care. Too often health care personnel share society's negative view of older adults.

Unit -3 : Cognitive Development

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the others can't see it anymore.

- **Stages of cognitive development- Piaget's Theory: Milestones & Mechanisms**
- **Vygotsky's Theory; Language development.**
- **Observations & Experiment Methods in studying development**

Piaget's Theory of Cognitive Development

Three Components of the Cognitive theory:

1) **Schemas**
    a) They are the basic building blocks of cognitive models and allow us to form mental representations that organize knowledge.
    b) By the time we reach adulthood, we have already constructed an enormous amount of schemes. Eg. Budgeting, driving a car, the concept of morality, etc

2) **Adaptation Processes**

    a) Assimilation
        i) Occurs when we use existing schemes to deal with new situations or objects.
        ii) Eg. A child, upon encountering a bear for the first time, may yell "Dog!" as it fits into their scheme of the animal(four legs, snout and fur).
    b) Accomodation
        i) Occurs when existing schemes have to be adjusted in order to accommodate new information and deal with new situations or objects.
        ii) Eg. If told what the differences between the two animals are, the child will be able to re-learn their knowledge to be able to identify the bear(Long claws, wild, and big).
    c) Organization

        i) The grouping of isolated behaviors and thoughts into a higher-order system.

        Example: A boy who has only a vague idea about how to use a hammer may also have a vague idea about how to use other tools. After learning how to use each one, he relates these uses, organizing his knowledge.
    d) Equilibration
        i) A state of equilibrium is reached when we can deal with new information through assimilation successfully. However, when unsuccessful, an unpleasant state of disequilibrium occurs.
        ii) With the force of equilibration, we can restore balance by accommodating new information in order to solve the problem.

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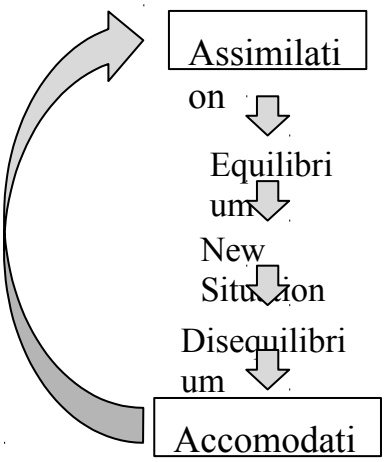

iv) There is considerable movement between states of cognitive equilibrium and disequilibrium as assimilation and accommodation work in concert to produce cognitive change. **Equilibration** is the name Piaget gave to this mechanism by which children shift from one stage of thought to the next.

3) Stages of Cognitive Development

a) Sensorimotor(Birth-2years)
The infant constructs an understanding of the world by coordinating sensory experiences with physical actions.

i) Simple Reflexes(1st month after birth)- Sensation and action are coordinated primarily through reflexive behaviors, such as rooting and sucking.

ii) First Habits & Primary Circular Reactions(1-4 months)- Coordination of sensation and two schemes, habits and primary circular reactions.
   (1) Habits- A scheme based on a reflex that has become completely separated from its eliciting stimulus.
   (2) Primary Circular Reactions- An attempt to reproduce an event that initially occurred by chance.

iii) Secondary Circular Reactions(4-8 months)-
   (1) Behaviour becomes more object oriented, moving beyond preoccupation with the self.
   (2) The infant's schemes are not intentional or goal-directed, but they are repeated because of their consequences. (E.g. Shaking a rattle to hear the resulting sounds.)

iv) Coordination of Secondary Circular Reactions(8-12 months)-
   (1) Coordination of Schemes and Intentionality.
   (2) Vision and touch and hand and eye movement are coordinated, and actions are outwardly directed.
   (3) Actions are now made with intent(e.g. Manipulating a stick to bring a toy within reach).

v) Tertiary Circular reactions(12-18 months)-
   (1) Interest is placed on the many properties of objects and by the

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many things that they can make happen to objects.
(2) Purposeful exploration of new possibilities with objects, continually doing new things to them and exploring the results.
(3) Starting point for curiosity and interest in novelty.

vi) Internalization of Schemes(18-24 months)-
(1) Development of the ability to use primitive symbols.
(2) Primitive symbols permit the infant to think about concrete events without directly acting them out or perceiving them. Moreover, symbols allow the infant to manipulate and transform the represented events in simple ways.

vii) Object Permanence- The understanding that objects continue to exist even when they cannot be seen, heard, or touched. This display is one of the most important accomplishments in infancy.

b) Preoperational (2-7 years)
i) The child begins to represent the world with words and images. It is the beginning of the ability to reconstruct in thought what has been established in behavior.
ii) Symbolic Function Substage(2-4 years)
(1) Ability to mental represent an object that is not physically present.
(2) Egocentrism- The inability to distinguish between one's own perspective and someone else's perspective.
(3) Animism- The belief that inanimate objects have lifelike qualities and are capable of action.
iii) Intuitive Thought Substage(4-7 years)
(1) Primitive reasoning and wanting to know the answers to all sorts of questions are characteristic features of this stage.
(2) Children have a wide range of knowledge, but are unable to apply any sort of rational thinking to it.

iv) Centration and Limitations
(1) Centration- The centering of attention on one characteristic, to the exclusion of all others. Centration is most clearly evidenced in young children's *lack of conservation*.
(2) Conservation-Awareness that altering an object's or a substance's appearance does not change its basic properties.

c) Concrete Operational(7-11years)
i) The child can now reason logically about concrete events and classify objects into different sets.
ii) Concrete operations allow the child to consider several characteristics rather than to focus on a single property of an object and the ability to classify or divide things into different sets or subsets helps to consider their

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interrelationships.

iii) Seriation- Ability to order stimuli along a quantitative dimension (such as length).

iv) Transitivity- Ability to logically combine relations to reach certain conclusions. (eg. 'Three sticks, A, B and C are set in a line. If A is longer than B and B is longer than C, is A longer than C?')

d) Formal Operational(11-15 years)

i) The adolescent reasons in more abstract, idealistic, and logical ways.

ii) Abstract, Idealistic and Logical Thinking

(1) Evident in the adolescent's verbal problem solving ability, and the increased tendency to think about the nature of thought itself.

(2) They also begin to engage in thought full of idealism and possibilities, in extended speculation about ideal characteristics(about themselves or their situation).

(3) Hypothetical-Deductive Reasoning- Developing a hypothesis, or a 'best guess', and systematically deduce the best path to follow in order to solve a problem.

iii) Adolescent Egocentrism- The heightened self-consciousness of adolescents, and in their sense of personal uniqueness and invincibility.

(1) Imaginary Audience- Involves feeling that one is the center of attention and believing that one is on stage, and that everyone is watching them.

(2) Personal Fable- Involves an adolescent's sense of personal uniqueness and invincibility (danger and psychological invulnerability). The invincibility fable is a type of thought pattern that is noted most frequently in teenagers. It is an egocentric way of thinking that is characterized by a belief of indestructibility; that they won't get caught when doing wrong and that they won't be hurt (or killed) by engaging in risky behaviors. This is part of why teenagers do things that older people consider foolishly dangerous or even stupid. This is believed to be partially caused by the incomplete development of the frontal lobe of the brain which controls and mediates the understanding of consequences.

4) Educational Implications

a) Constructivist Approach- Children learn best when allowed to be active and seek solutions for themselves. They shouldn't just be passive receptacles of knowledge.

b) Facilitating rather than direct teaching- Teachers should promote students' thinking and design situations in which they are encouraged to learn by doing.

c) Consideration of Child's Level of Thinking and Knowledge - Teachers should adapt to their students level of thought and respond in ways that are easily understandable.

d) Promotion of Intellectual Health- Children's learning happens naturally, so it is

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important that they are not forced into achieving too much at an early age.

e) Exploration and Discovery- If Piaget's version of classrooms were to be implemented in today's world, they would not be as structured. Predetermined assignments would not exist, and teaching would be according to each student's interests and natural activities in order to determine an apt course of teaching.

Q. Assess the major limitations of Piaget's theory of cognitive development.

- ❑ A major criticism stems from the very **nature** of a **stage theory**. The stages may be **inaccurate** or just **plain wrong**.
- ❑ Piaget may have **underestimated the development of young children**. Researchers have found that some children develop **object-permanence** earlier than Piaget thought. Others point out that preoperational children may be **less egocentric** than Piaget believed.
- ❑ Another criticism is levelled at Piaget's **action-oriented approach**.
- ❑ A criticism chastises Piaget for his **inattention** to **culturally specific influences** on cognitive development. The children Piaget studied grew up in Geneva, a Western culture where children attend school and are trained in certain forms of thinking. Yet Piaget largely ignored this influence and attributed each child's intellectual growth to the individual's cognitive reaction to the environment.
- ❑ Later tests have shown that Piaget's **formal operational period** and even the c**oncrete operational period** are **heavily dependen**t on formal Western schooling.

5) Criticisms

a) Estimates of Children's Competence

i) Some cognitive abilities emerge earlier than others, instead of appearing in the same order Piaget defined it as.

ii) Eg. 'Object Permanence' is seen to have emerged in infants earlier than expected; some adolescents are observed to still only think in concrete operational ways or only just begun to shift to formal operational thinking.

b) Stages

i) Cognitive Development is not explicitly 'stage-like' as Piaget stated. As mentioned above, some cognitive abilities emerge earlier and others later. Children also don't seem to cleanly shift from one stage to another.

c) Effects of Training

i) Some children who are at one cognitive stage can be trained to reason at a higher stage. This opposes Piaget's view that training is superficial and ineffective unless the child has reached an adequate level of maturity.

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Vygotsky's Theory

- Vygotsky's theory is a **sociocultural cognitive theory** that emphasizes how culture and social interaction guide cognitive development. It suggests that **cognitive growth is a collaborative process.** Vygotsky portrayed the child's development as **inseparable** from social and cultural activities. He maintained that cognitive development involves learning to use the inventions of society, such as language, mathematical systems, and memory strategies.
- Suggested that children actively construct their knowledge and understanding.
- Children are more social creatures and they develop their knowledge and understanding through social interactions.
- Cognitive development of the child depends on society and mind is shaped by cultural contexts they live in.

The zone of proximal development [ZPD]

- Importance of social interaction on a child's cognitive development is reflected in ZPD.
- ZPD is a name for a range of tasks that a child cannot master alone but can be learnt with the help of an adult or more-skilled child.
- The lower limit of ZPD is the range of tasks the child can perform independently.
- The upper limit of ZPD is the additional responsibilities the child can accept with the guidance of an adult.
- ZPD captures the cognitive skills of a child which are still maturing and hence he calls it the 'buds' or 'flowers' of development because children still need guidance.
- The 'fruits' of development are tasks the child can perform independently.

Scaffolding

- Means changing the level of support.
- During a teaching session the more-skilled person is supposed to adjust guidance according to the child's current state.
- For example: if the child is learning a new task then direct instruction is given but when the competence increases less guidance is given.

Language & Thought [in vygotsky's theory]

- Language is an important tool in a child's development.
- Children use language to communicate socially and also to solve tasks.
- Young Children use language to plan, guide and monitor their behaviour.
- Using language for self regulation is called **private speech**. Even though Piaget considers private speech as egocentric and immature, vygotsky believed that it is important for thought in early years.
- Vygotsky believed that language and thought developed independently and then merged later on but all mental tasks have social origins.
- Children need to use language for a long time socially/externally before they can transition to internal speech.
- The transition takes place between 3-7 years, in this period children engage in a lot of self talk. After sometime this becomes the second nature of children and they can think without verbalizing. So now they have learnt **inner speech** which is their thoughts.
- Vygotsky believed that children who used private speech were more socially competent then children who did not use it. According to him when children are talking to themselves they are using language to govern their behaviour.
- Even though Piaget considered private speech as egocentric and immature, scientists have found evidence to

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support vygotsky's theory.

- They also have revealed that children who use private speech are more attentive and improve their performance more than children who do not use private speech.

Teaching strategies [in vygotsky's theory]

Many teachers have adopted vygotsky's idea in education and teaching in the following ways:

- Give tests that measure the child's ZPD.
- Focus on the upper limit of the ZPD to help the child reach its potential.
- Use more skilled-children as teachers. Peer learning facilitates understanding of topics.
- Place instruction in a meaningful context. For example, instead of just solving math problems, solve them with real life implications.

Evaluating vygotsky's theory

1. Vygotsky took a **social constructivist approach** which emphasized on social contexts and construction of knowledge through social interaction.
2. In both Piaget's and Vygotsky's theories teachers are facilitators rather than direct instructors.

Piaget's Theory	**Vygotsky's Theory**
● Focuses on individual efforts . ● End point is formal operational thought . ● Children construct knowledge by transforming, organising and reorganising existing knowledge . ● Implication with teaching is that students need support to explore the world .	● Focuses on collaboration . ● End point is whichever skill is deemed. important in a particular culture. ● Children construct knowledge by social interactions . ● Implication with teaching is that students need many opportunities to work with teachers and more-skilled peers.

Criticisms of Vygotsky's theory

- Not specific about age related changes.
- Did not describe how changes in socio-emotional capabilities contribute to cognitive development.
- Overemphasized on the role of language in development.
- Emphasis on collaboration and guidance might not all be true in the real world.

LANGUAGE DEVELOPMENT

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Language

- Language is a form of communication based on a system of symbols.
- It consists of words used by a community and certain rules that help in varying and combining the words.
- We use language to speak, to listen, to read & write.
- Also helps in passing down information from one generation to another, leading to a rich cultural heritage.
- **Infinite generativity** is the ability to form an endless number of meaningful sentences with a finite set of words and rules.

Rules of language

1. Language is highly ordered and organised
2. There are 5 major rules of language

Phonology

- Sound system of language, consisting of sounds that are used and how they should be combined.
- Provides a basis for constructing large and expandable words out of 2 or 3 dozen phonemes.
- **Phoneme** is the basic unit of sound which affects the meaning of the word. [for example, p is pot and p in spot in the english language]

Morphology

- It's the units of meaning in word formation.
- A **morpheme** is the basic unit of meaning which means that the word or set of characters cannot be broken into more meaningful parts.
- In english words are made up of one or more morphemes.
- Example of one morpheme is *help* and more than one is *helper*.
- Not all morphemes are words by themselves.
- Rules of morphology describe the way meaningful units can be combined to form words.

Syntax

- The way words are combined to form meaningful phrases or sentences.
- Syntax differs in different languages, for example, in english the adjective precedes the noun [blue sky] but in spanish the noun precedes the adjective [cielo azul].
- Syntactic systems in all languages do have some common ground.

Semantics

- Meaning of words and sentences.
- Every word has a set of semantic features. For example, the word *girl* and *women* share many semantic features but differ semantically in regard to age.
- Words have semantic restrictions on how they can be used in a sentence.

Pragmatics

- It is the appropriate use of language in different contexts.
- One applies pragmatics when they speak politely in a room, crack a joke, tell interesting stories, say a convincing lie.

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How language is developed

Recognize sounds

- Infants can distinguish between sounds of the language.
- From birth to 6 months of age, children can identify differences in sound in any language.
- After 6 months only recognise sounds in their 'own' language.
- At 8 months children start identifying word boundaries.

Babbling and other sounds

- Before words babies produce vocalisations.
- These vocalisations are used to practice making sounds, to communicate and to attract attention.
- **Crying** - babies cry at birth. After that it is usually used to signal distress.
- **Cooing** - happens at 2-4 months. Sound produced at the back of the throat, signals pleasure.
- **Babbling** - middle of the first year babies babble, like- *ba,ba,ba,ba,ba*.

Gestures

- 8-12 months of age engage in showing and pointing.
- Smacking lips to indicate food/drink.
- Pointing is an important aspect of language as it follows a developmental sequence - from pointing without adult gaze to pointing while looking back and forth between the object and the adult.
- Absence of pointing can be an indicator of problems, autism.
- the infants' use of gestures at 14 months of age in high SES families was linked to a larger vocabulary at 54 months of age.

First words

- Children understand their first word long before they can actually say it.
- By 5 months of age children can recognise their own name when someone says it.
- 13 months of age can understand 50 words.
- First word is usually names of important people or stuff that they see around.
- 18 months can speak upto 50 words and by 2 years can speak upto 200 words.
- **Vocabulary spurt** which usually happens at 18 months of age is the rapid increase in vocabulary. It varies in different children.
- Children sometimes **overextend** or **underextend** words.
- Overextend example- use of *dada* for the father and all older looking men .
- Underextend example- use of *boy* for 5-year-old neighbour but not for other boys.

Two word utterances

- At 18-24 months of age children speak in two word utterances.
- To convey meaning in two words the child heavily relies on gesture, tone and context.
- The two word utterances omit many parts of the speech but are still clear and precise.
- Children use **telegraphic speech**. Which is the use of short and precise words without grammatical markers. Telegraphic speech is not limited to two words, 'mom give ice cream' & 'mom give dada ice cream' are examples of telegraphic speech.

Language development in early childhood

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- 2-3 years of age transition from simple sentences to complex ones
- Understanding phonology and morphology:
  3 years produce all vowel sounds and most consonant sounds in their language. After two word utterances they understand morphology rules. In an experiment children could make plurals and past tense of made up words indicating their understanding of morphology.
- Change in syntax and semantics:
  Preschool children learn and apply rules of syntax. They show a growing mastery of complex rules in sentence formation. Vocabulary development is dramatic, by 6 years of age a child knows 14,000 words.
- Advances in pragmatics:
  A 6-year-old is better in conversation than a 2-year-old. They learn culturally specific rules. Linguistic ability increases and can speak with others' perspectives. Preschool children can talk about things that are not here or not now. 4-5 years of age children change their speech to suit the situation. 4-year-old speaks with shorter sentences with a 2-year-old when compared to peers of the same age.

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Language development in middle & late childhood

- Learn the alphabetic principle that is the letters of the alphabet represent sounds of the language.
- Vocabulary, Grammar and Metalinguistic awareness:
  When asked to respond with the first word that comes to mind 7-year-old children are able give a word in the same part of speech [for example, they respond to the word 'dog' with 'cat' or 'horse']. Vocabulary is 40,000 words at the age of 11. Able to understand complex grammatical sentences. Use language in a more connected way. **Metalinguistic awareness** is knowledge about language. Definition of words becomes an important part of elementary classrooms. Children also understand how to use language in a more culturally appropriate way.
- Reading:
  Before they start reading children can talk about certain things that are not in the present, understand the meaning of words. A larger vocabulary makes reading easier as they can understand word meanings effortlessly. There are 2 approaches to reading. **Whole-language approach** where the students are taught reading along with language learning. For example, beginner readers have to recognise words or sentences as a whole and guess their meaning by using the context it was used in. reading materials in this approach are whole like stories and poems. **Phonics approach** where students are first taught the basic sounds and rules on how to combine them etc. only after mastering the basics they are given complex material like poems and stories.
- Writing:
  Children usually invent their own spellings. Parents and teachers should encourage early writing and corrections should be made in a positive way and not in a way that discourages writing. Good writing takes years of practice. Children should be given more writing opportunities. Major concerns about students' writing competence are increasingly being voiced, college instructors report that 50 percent of high school graduates are not prepared for college-level writing.
- Second language learning & bilingualism:
  Second language learning - Late language learners, such as adolescents and adults, new vocabulary is easier to learn than new sounds or new grammar. Adults tend to learn a second language faster than children, but their final level of second-language attainment is not as high as children's. Children who are fluent in two languages perform better than their single-language counterparts on tests of control of attention, concept formation, analytical reasoning, cognitive flexibility, and cognitive complexity. However, a research review concluded that bilingual children have lower formal language proficiency (lower vocabulary, for example) than monolingual children. **Bilingual education**, which teaches academic subjects to immigrant children in their native language while slowly teaching English, it has its merits and demerits.

Language development in adolescent & adulthood childhood

Adolescents:

- Can use a lot of metaphors.
- Can analyse everything.
- Understand and use satire.
- Can point out differences in dialects and understand different Jargons, slangs & style of language.

Adulthood & Aging:

- Usually have attained the most language by the start of this period.
- Slowly all that they have learnt will start deteriorating.
- There will be clear decline when the person will enter late adulthood.

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Biological and environmental influences

Biological influence.

The ability to speak and understand language requires a certain vocal apparatus as well as a nervous system with certain capabilities.

- Many experts believe that humans acquired language about 100,000 years ago, which in evolutionary time, represents a very recent acquisition.
- Language scholars view the remarkable similarities in how children acquire language all over the world as strong evidence that language has a biological basis.
- Two regions involved in language were first discovered in studies of brain-damaged individuals: Broca's area, an area in the left frontal lobe of the brain involved in producing words, and Wernicke's area, a region of the brain's left hemisphere involved in language comprehension.
- Damage to either of these areas produces types of aphasia, which is a loss or impairment of language processing.
- Individuals with damage to Broca's area have difficulty producing words correctly; individuals with damage to Wernicke's area have poor comprehension and often produce fluent but incomprehensible speech.
- Noam Chomsky (1957) proposed that humans are biologically prewired to learn language at a certain time and in a certain way.
- He said that children are born into the world with a language acquisition device (LAD), a biological endowment that enables the child to detect certain features and rules of language, including phonology, syntax, and semantics.
- Children are prepared by nature with the ability to detect the sounds of language, for example, and follow rules such as how to form plurals and ask questions.

Environmentalist view

- Behaviorists opposed Chomsky's hypothesis and argued that language represents nothing more than chains of responses acquired through reinforcement.
- The behaviorist view of language learning has several problems. First, it does not explain how people create novel sentences—sentences that people have never heard or spoken before. Second, children learn the syntax of their native language even if they are not reinforced for doing so.
- The behavioral view is no longer considered a viable explanation of how children acquire language.
- Many language experts argue that a child's experiences, the particular language to be learned, and the context in which learning takes place can strongly influence language acquisition.
- The support and involvement of caregivers and teachers greatly facilitate a child's language learning.
- **Child-directed speech**, language spoken in a higher pitch than normal with simple words and sentences. Most parents are not aware that they engage in child-directed speech. Even 4-year olds speak in simpler ways to 2-year-olds than to their 4-year-old friends. Child Directed speech has the important function of capturing the infant's attention and maintaining communication.
- Strategies used by parents to enhance child's acquisition of language:
    1. **Recasting** is rephrasing something the child has said, perhaps turning it into a question or restating the child's immature utterance in the form of a fully grammatical sentence.
    2. **Expanding** is restating, in a linguistically sophisticated form, what a child has said. For example, a child says, "Doggie eat," and the parent replies, "Yes, the doggie is eating."
    3. **Labeling** is identifying the names of objects. Young children are forever being asked to identify the

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names of objects.

- Language development is not a simple matter of imitation and reinforcement. Infants, toddlers, and young children benefit when adults read books to and with them.
- Reading daily to children at 14 to 24 months of age was positively related to the children's language and cognitive development at 36 months of age.

Interactionist view
An interactionist view emphasizes that both biology and experience contribute to language development. How much of the language is biologically determined, and how much depends on interaction with others is a subject of debate among linguists and psychologists.

Unit 4: Psycho-social development

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A) Development of self

1. Emotions, play, aggression and altruism, temperament,
2. Moral Development: Kohlberg's theory, Development of identity: Erikson and Marcia's views, Development of Self-concept, gender differences and gender role standards,
3. Use of Field experiments to study development

EMOTION

Emotion is defined as a feeling, or affect, that occurs when a person is in a state or an interaction that is important to him or her, especially to his or her well-being.

Factors influencing Emotional Development
Biological Certain regions of the brain that develop early in life (such as the brain stem, hippocampus, and amygdala) play a role in emotional development and in showing distress, excitement, and rage. Moreover, the gradual maturation of frontal regions of the cerebral cortex that can help develop the ability to regulate their emotions and exert control over other areas of the brain.
Cognitive Processes Attention toward or away from an experience can influence children's emotional responses. As children become older, they

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develop cognitive strate- gies for controlling their emotions and become more adept at modulating their emotional arousal.

Experience
The situations that we face place a huge role in the way we develop our emotions.

Cultural Variation
Our cultural background and the traditions that we follow make us emote differently. For example, throughout childhood, East Asian parents encourage their children to show emotional reserve rather than to be emotionally expressive. Further, Japanese parents try to prevent children from experiencing negative emotions, whereas non-Latino White mothers more frequently respond after their children become distressed and then help them cope.

Emotional Regulation

The ability to **control one's emotions** is a key dimension of development. Emotion regulation involves **effectively managing arousal** to adapt to circumstances and to reach a goal. (Arousal involves a state of alertness or activation, that reach high levels for effective functioning.)

The growth of emotion regulation in children is fundamental to the development of social competence.

With increasing age, children are more likely to improve their use of cognitive strategies for regulating emotion, modulate their emotional arousal, become more adept at managing situations to minimize negative emotion, and choose effective ways to cope with stress.

Ineffective emotion regulation is linked with a lower level of executive function, difficulty succeeding in school, a lower level of moral development (weak conscience and lack of internalization of rules, for example), failure to adequately cope with stress, and difficulty in peer relations.

Emotional Competence

Emotional competence refers to the essential social skills to recognize, interpret, and respond constructively to emotions in yourself and others. It determines one's ability to effectively and successfully lead and express. Being emotionally competent involves developing a number of skills such as being aware of one's emotional states, discerning others' emotions, adaptively coping with negative emotions, and understanding the role of emotions in relationships.

Development of Emotion

Infancy

Infants display a number of emotions early in the first six months, including sadness, surprise, interest, joy, fear, and anger. The onset and sequence of these emotions could vary.

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Primary emotions are emotions that are present in humans and other animals; these emotions appear in the first six months of the human infant's development. They include surprise, interest, joy, anger, sadness, fear, and disgust.	**Self-conscious emotions** require self-awareness that involves consciousness and a sense of "me." Self-conscious emotions include jealousy, empathy, embarrassment, pride, shame, and guilt—most of these occurring for the first time at some point after 18 months of age when a sense of self becomes consolidated in toddlers.

The babies' first forms of emotional communication/ expression are cries, smiles and fear.

Crying is the most important mechanism newborns have for communicating with their world. Babies have at least three types of cries—basic, anger, and pain cries.

Basic cry: A rhythmic pattern usually consisting of a cry, a briefer silence, a shorter inspiratory whistle that is higher pitched than the main cry, and then a brief rest before the next cry.	**Anger cry:** A cry similar to the basic cry but with more excess air forced through the vocal cords.	**Pain cry:** A sudden, initial loud cry followed by breath holding, without preliminary moaning.

Smiling is critical as a means of developing a new social skill and is a key social signal.

Reflexive smile. A smile that does not occur in response to external stimuli and appears during the first month after birth, usually during sleep.	**Social smile.** A smile that occurs in response to an external stimulus, typically a face in the case of the young infant. Social smiling occurs as early as 4 to 6 weeks of age in response to a caregiver's voice.

Fear is one of the earliest emotions of a baby, which typically first appears at about 6 months of age and peaks at about 18 months. However, abused and neglected infants can show fear as early as 3 months.

Stranger anxiety An infant's fear of and wariness toward strangers; it tends to appear in the second half of the first year of life.	**Separation protest** Reaction that occurs when infants experience a fear of being separated from a caregiver, which results in crying when the caregiver leaves.

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Controversy surrounds the question of whether babies should be soothed when they cry, although increasingly experts recommend immediately responding in a caring way during the first year. Social smiling in response to a caregiver's voice occurs as early as 4 weeks of age. Two fears that infants develop are stranger anxiety and separation from a caregiver (which is reflected in separation protest).

Early Childhood

Young children's range of emotions expands during early childhood as they increasingly experience self-conscious emotions such as pride, shame, and guilt. During early childhood, young children increasingly understand that certain situ- ations are likely to evoke particular emotions, facial expressions indicate specific emotions, emotions affect behavior, and emotions can be used to influence others' emotions. Between 2 and 4 years of age, children use an increasing number of terms to describe emotion and learn more about the causes and consequences of feelings. At 4 to 5 years of age, children show an increased ability to reflect on emotions and understand that a single event can elicit different emotions in different people. Emotion regulation is a key aspect of competent socioemotional development in childhood.

Middle and Late Childhood

In middle and late childhood, children show a growing awareness of the need to control and manage emotions to meet social standards. Also in this age period, they show enhanced emotional understanding. They develop an increased ability to understand complex emotions such as pride and shame. These emotions become more self- generated and integrated with a sense of personal responsibility. This period also markedly improves their ability to suppress or conceal negative emotions. They use self-initiated strategies for redirecting feelings. Children can more effectively manage their emotions by cognitive means, such as using distracting thoughts. They also have an increased tendency to take into fuller account the events that lead to emotional reactions, and develop a genuine capacity for empathy.

Adolescence

Adolescence has long been described as a time of emotional turmoil. As individuals go through early adolescence, they are less likely to report being very happy. Moodiness is a normal aspect of early adolescence. Depression is also more common in adolescence than in childhood, and it is increasing among adolescents. Although pubertal change is associated with an increase in negative emotions, hormonal influences are often small, and environmental experiences may contribute more to the emotions of adolescents than hormonal changes do.

Adult Development and Ageing

Women and men differ in the way they experience and respond to stressors. Women are more vulnerable to social stressors such as those involving romance, family, and work. Women are also more likely to become depressed. When men face stress, they are likely to respond in a **fight or flight** manner—become aggressive, withdraw from social contact, or drink alcohol. By contrast, when women experience stress, they are more likely to engage in a **tend and befriend** pattern, seeking social alliances with others, especially friends.

Older adults are better at controlling their emotions than younger adults are, and older adults experience more positive and

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less negative emotions than younger adults do. Reduced negative emotion in older adults may be associated with decreased physiological arousal of emotion due to aging in the amygdala and autonomic nervous system. More effective emotion regulation may be related to this reduction in subcortical activation and also to increased activation in the prefrontal cortex.

Carstensen's Socioemotional selectivity theory states that older adults become more selective about their activities and social relationships in order to maintain social and emotional well-being. They place a high value on emotional satisfaction. This theory argues that older adults only maintain or increase contact with close friends and family members with whom they have had enjoyable relationships. This selective narrowing of social interaction maximizes positive emotional experiences and minimizes emotional risks as individuals become older.

PLAY

Sensorimotor Play
Behavior by infants to derive pleasure from exercising their sensorimotor schemes. The development of sensorimotor play follows Piaget's description of sensorimotor thought. Infants initially engage in exploratory and playful visual and motor transactions in the second quarter of the first year of life. By the end of the third quarter, infants begin to select novel objects for exploration and play, especially responsive objects such as toys that make noise or bounce. At 12 months of age, infants enjoy making things work and exploring cause and effect.

Practice Play
Practice play involves repetition of behavior when new skills are being learned or when physical or mental mastery and coordination of skills are required for games or sports. Sensorimotor play, which often involves practice play, is primarily confined to infancy, whereas practice play can be engaged in throughout life. During the preschool years, children frequently engage in practice play. Although practice play declines in the elementary school years, practice play activities such as running, jumping, sliding, twirl- ing, and throwing balls.

Pretense/ Symbolic Play
Pretense/symbolic play occurs when the child transforms aspects of the physical environment into symbols. Between 9 and 30 months of age, children increase their use of objects in symbolic play. They learn to transform objects—substituting them for other objects and acting toward them as if they were those other objects. The preschool years are the "golden age" of symbolic/pretense play that is dramatic or sociodramatic in nature. This type of make-believe play often appears at about 18 months of age and reaches a peak at 4 to 5 years of age, then gradually declines.

Social Play
Social play is play that involves interaction with peers. Social play increases dramatically during the preschool years. It includes varied interchanges such as turn taking, conversations about numerous topics, social games and routines, and physical play. Social play often involves a high degree of pleasure on the part of the participants.

Constructive Play
Constructive play combines sensorimotor/practice play with symbolic representation. Constructive play occurs when children engage in the self-regulated creation of a product or a solution (Sawyer & DeZutter, 2007). Constructive play increases in the preschool years as symbolic play increases and sensorimotor.

Games

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Games are activities that are engaged in for pleasure and have rules. Often they involve competition. Preschool children may begin to participate in social games that involve simple rules of reciprocity and turn taking. However, games take on a much stronger role in the lives of elementary school children.

TEMPERAMENT

Temperament refers to an individual's behavioral style and characteristic way of responding.

Describing and Classifying Temperament

Chess and Thomas' Classification

They identified three basic types/clusters of temperament:

An **easy child** is generally in a positive mood, quickly establishes regular routines in infancy and adapts easily to new experiences.	A **difficult child** reacts negatively and cries frequently, engages in irregular daily routines, and is slow to accept change.	A **slow-to-warm-up child** has a low activity level, is somewhat negative and displays low intensity of mood.

Kagan's Behavioral Inhibition

It focuses on the differences between a shy, subdued, timid child and a social, extroverted, bold child. Beginning at 7-9 months, inhibited children react to the unfamiliar with initial avoidance, distress or subdued affect. Shyness with strangers is a feature of inhibition to the unfamiliar. Infants and young children who have inhibited temperament are at risk for developing social anxiety disorder in adolescence and adulthood. (shows a tendency of distress and nervousness towards new situations and experiences)

Rothbart and Bates' Classification

They characterised the structure of temperament into three broad dimensions:

Extraversion/Surgency Kagan's uninhibited children fit into this category. It involves pleasure, approach, activity, smiling and laughter.	**Negative affectivity** Kagan's inhibited children fit into this category. It involves fear, frustration, sadness and discomfort. These children are easily distressed and more likely to engage in a number of obesity related eating disorders.	**Effortful Control (Self Regulation)** This includes attentional focussing and shifting, inhibitory control, perceptual sensitivity, and low intensity pleasure. These children have the ability to keep their arousal levels from getting too high and can soothe themselves. This is also a strong predictor of academic success skills.

Factors Influencing Temperament

Biological Influences

Physiological characteristics have been linked with different temperaments. An inhibited temperament is associated with

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high and stable heart rate, high levels of the hormone cortisol, high activity in the right frontal lobe of the brain. The excitability of the amygdala plays an important role in fear and inhibition. Negative affectivity is linked to stress reactivity which involves brain functionality. Development of effortful control is linked to advances in the brain's frontal lobe. Heredity has a moderate influence on differences in temperament.

Gender, Culture and Temperament
Gender may be a factor shaping the environmental context that influences temperament. Similarly, the culture of the infant may affect the caregiver's reaction to the infant's temperament.

Developmental controls in Temperament

Easy and difficult temperaments. In one study, children who had an easy temperament at 3 to 5 years of age were likely to be well adjusted as young adults. In contrast, many children who had a difficult temperament at 3 to 5 years of age were not well adjusted as young adults. Also, other researchers have found that boys with a difficult temperament in childhood are less likely as adults to continue their formal education, whereas girls with a difficult temperament in childhood are more likely to experience marital conflict as adults.

Inhibition. Inhibition is another characteristic of temperament that has been studied extensively. One study revealed that behavioral inhibition at 3 years of age was linked to shyness at age 7. Also, research indicates that individuals with an inhibited temperament in childhood are less likely as adults to be assertive or to experience social support, and more likely to delay entering a stable job track. Also, a recent study found that disinhibition in the toddler years was linked to career stability in middle adulthood.

Ability to control one's emotions. A recent study found that having an emotionally reactive temperament at 1 year of age was linked to having emotional problems at 5½ years of age. Also, in a longitudinal study, when 3-year-old children showed good control of their emotions and were resilient in the face of stress, they were likely to continue to handle emotions effectively as adults. By contrast, when 3-year-olds had low emotional control and were not very resilient, they were likely to show problems in these areas as young adults. And recently a study revealed a high level of emotionality at 6 years of age was associated with depression in emerging adulthood.

Goodness of Fit refers to the match between a child's temperament and the environmental demands that he or she has to cope with.

ALTRUISM
The purest forms of prosocial behavior are motivated by **altruism,** an unselfish interest and voluntary effort in helping another person. Human acts of altruism are plentiful. Altruism is found throughout the human world. It is also taught by every widely practiced religion in the world—Christianity, Judaism, Islam, Hinduism, Buddhism. The cir- cumstances most likely to evoke altruism are empathy for an individual in need or a close relationship between the benefactor and the recipient.

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AGGRESSION (Papalia)

Instrumental Aggression Aggressive behaviour used as means to achieve a goal.
Overt Aggression Aggression that is openly directed at its target.
Relational/Social Aggression Aggression aimed at damaging or interfering with another person's relationship, reputation or psychological well-being.

IDENTITY

Identity is a self portrait composed of many pieces such as one's career, political views, spiritual beliefs, relationships, sexuality, achievements, interests, ethnical background, personality and physical features.

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Erikson's View

According to Erikson's theory, adolescents go through a developmental stage that he calls Identity vs. Identity Confusion. This is the fifth stage of his eight stages in one's lifespan. Adolescents are faced with deciding who they are, what they are all about and where they are going in life. They face an overwhelming number of choices and they gradually realize that they will be responsible for their own life. The search for identity is aided by **psychosocial moratorium**, which is Erikson's term for the gap between childhood security and adult autonomy. During this period they explore their identity.

Contemporary Thoughts on Identity

Narrative Identity refers to the stories people construct and tell about themselves to define who they are for themselves and others. Our narrative identities are the stories we live by.

James Marcia's View

Marcia classifies individuals based on the existence or extent of their crisis or commitment. Crisis is defined as a period of identity development during which the individual explores alternatives. Marcia posited that the adolescent stage consists neither of identity resolution nor identity confusion, but rather the degree to which one has explored and committed to an identity in a variety of life domains from vocation, religion, relational choices. Commitment is a personal investment in identity. He concluded that there are four statuses of identity or ways of resolving identity crisis:

Identity Diffusion	**Identity Foreclosure**	**Identity Moratorium**	**Identity Achievement**
The identity status of those individuals who have not experienced a crisis or made a commitment.	The status of individuals who have made a commitment but have not experienced a crisis.	The status of individuals who are in the midst of a crisis but whose commitments are either absent or vaguely defined.	The status of individuals who have undergone a crisis and have made a commitment.

MORAL DEVELOPMENT

Moral Development involves changes in thoughts, feelings, and behaviours regarding standards of right and wrong.

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Perspectives on Moral Development

Piaget's Theory

Piaget (1932) extensively observed and interviewed children between the ages 4 and 12 and concluded that children go through two distinct stages in how they think about morality:

First stage. From 4 - 7, children display **heteronomous morality**. They think of justice and rules as unchangeable properties of the world, that can't be controlled by people. They believe in **immanent justice**, the concept that if a rule is broken, punishment will be meted out immediately.
Transition stage. From 7- 10, children are in transition showing some characteristics of the first stage of moral reasoning and some of the second stage, autonomous mortality.
Second stage. From 10 to older, children show **autonomous mortality**. They become aware that rules are controlled by people and in judging actions they consider both the intentions as well as the consequences. They recognize that punishment occurs only if someone witnesses the wrongdoing and that, even then, punishment is not inevitable.

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Kohlberg's Theory

Lawrence Kohlberg suggested that there are 6 stages of moral development. Development from one stage to the other is fostered by the opportunities to take up the perspective of others and to experience conflict between one's current stage of moral thinking and reasoning of someone at a higher stage.

Kohlberg arrived at this view after 20 years of interviewing children where he presented them a series of stories in which the character faced a moral dilemma.

The Kohlberg Stages

Kohlberg identified three levels of moral thinking, each of which is characterized by two stages.

Level 1. Preconventional Reasoning. This is the lowest level of moral thinking, where good and bad are interpreted in terms of external rewards and punishments.
Stage 1. **Heteronomous Morality**. At this stage, moral thinking is tied to punishment.
Stage 2. **Individualism, instrumental purpose, and exchange**. At this stage, individuals reason that pursuing their interests is the right thing to do and also let others do the same. They think that what is right involves equal exchange. (if they are nice to other, others will be nice in return) (aka known as mutual benefitting)

Level 2. Conventional Reasoning. At this level, individuals apply certain standards but these are the standards set by other people such as parents or the government.
Stage 3. **Mutual interpersonal expectations, relationships, and interpersonal conformity**. At this stage, individuals value trust, caring, loyalty to others as the basis of moral judgement. They often adopt their parent's moral standards and seek to be thought of by their parents as 'good'.
Stage 4. **Social system morality**. At this stage, moral judgements are based on understanding the social order, law, justice and duty.

Level 3. Postconventional Reasoning. At this level, the individual recognizes alternative moral courses, explores options and then decides on a personal moral code.

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Stage 5. **Social contract or utility and individual rights.** At this stage, individuals reason that values, rights and principles transcend the law. They evaluate the validity of actual laws and social systems in terms of the degree to which they preserve and protect fundamental human rights and values.
Stage 6. **Universal ethical principles.** At this stage, the individual has developed a moral standard based on universal human rights. When faced with a conflict between law and conscience, they reason that they should follow conscience even if risky.

Kohlberg argued that advances in children's cognitive development did not ensure development of moral reasoning. Key criticisms involve the link between moral thought and moral behavior, whether moral reasoning is conscious/delibera- tive or unconscious/automatic, the role of emotion, the roles of culture and the family in moral development, and the significance of concern for others.

SELF UNDERSTANDING

Self-understanding refers to the individual's cognitive representation of the self, the substance of self-conceptions. Five main characteristics of self-understanding in **young children**:

Confusion of self, mind, and body. Young children generally confuse self, mind, and body. Most young children conceive of the self as part of the body, which usually means the head. For them, the self can be described along many material dimensions, such as size, shape, and color.
Concrete descriptions. Preschool children mainly think of themselves and define them- selves in concrete terms.
Physical descriptions. Young children also distinguish themselves from others through many physical and material attributes.
Active descriptions. The active dimension is a central component of the self in early childhood. For example, preschool children often describe themselves in terms of activities such as play.
Unrealistic positive overestimations. Self-evaluations during early childhood are often unrealistically positive and represent an overesti- mation of personal attributes. These unrealistic positive overestimations of the self occur because young children-

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(1) Have difficulty in differentiating their desired and actual competence

(2) Cannot yet generate an ideal self that is distinguished from a real self.

(3) Rarely engage in *social comparison*—exploring how they compare with others.

Five key changes characterize the increased complexity of children's self-understanding in **middle and late childhood**:

Psychological characteristics and traits. In middle and late childhood, especially from 8 to 11 years of age, children increasingly describe themselves in terms of psychologi- cal characteristics and traits, in contrast with the more concrete self-descriptions of younger children.
Social descriptions. In middle and late childhood, children begin to include social aspects such as references to social groups in their self-descriptions.
Social comparison. Children's self-understanding in middle and late childhood includes increasing reference to social comparison.
Real self and ideal self. In middle and late childhood, children begin to distinguish between their real and ideal selves. This change involves differentiating their actual competencies from those they aspire to have and think are the most important.
Realistic. In middle and late childhood, children's self-evaluations become more realistic.. This change may occur because of increased social comparison and perspective taking.

Self understanding in **Adolescents**:

The development of self-understanding in adolescence is complex and involves a number of aspects of the self. The tendency to compare themselves with others continues to increase in the adolescent years. However, when asked whether they engage in social comparison, most adolescents deny it because they are aware that it is somewhat socially undesirable to do so.

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Abstract and idealistic thinking. According to Piaget's theory of cognitive develop- ment, many adolescents begin thinking in more *abstract* and *idealistic* ways. When asked to describe themselves, adolescents are more likely than children to use abstract and idealistic labels.

Self-consciousness. Adolescents are more likely than children to be *self-conscious* and preoccupied with their self-understanding. This self-consciousness and self-preoccupation reflect adolescent egocentrism.

Contradictions within the self. As adolescents begin to differentiate their concept of the self into multiple roles in different relationship contexts, they sense potential contradictions between their differentiated selves.

The fluctuating self. The adolescent's self-understanding fluctuates across situations and across time. The adolescent's self continues to be characterized by instability until the adolescent constructs a more unified theory of self, usually not until late adolescence or even early adulthood.

Real and ideal selves. The adolescent's emerging ability to construct ideal selves in addition to actual ones can be perplexing and agonizing to the adolescent. In one view, an important aspect of the ideal or imagined self is the possible self—what individuals might become, what they would like to become, and what they are afraid of becoming.

Self-integration. In late adolescence and emerging adulthood, self-under- standing becomes more integrative, with the disparate parts of the self more systematically pieced together. Older adoles- cents and emerging adults are more likely to detect inconsistencies in their earlier self-descriptions as they attempt to construct a general theory of self and integrated sense of identity.

DEVELOPMENT OF SELF-CONCEPT

Self-concept refers to domain-specific evaluations of the self. The domains can range from academic, appearance to athletic self. "The individual's belief about himself or herself, including the person's attributes and who and what the **self** is." While self- esteem is the overall (global) evaluation of how one perceives themself, self-concept only focuses on specific categories. The foundations of self-esteem and self-concept emerge from the quality of parent-child interaction in infancy and childhood.

Much of the psychological development of a person is bound up with the emerging sense of self, but in spite of its importance, the phenomenon of the self is one of the most difficult to explain. For example, physical ability could be said to be crucial to the way an individual becomes conscious of and develops a unique separate identity. It facilitates

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conceptualisation by receiving stimuli, interpreting information and enabling response. It is also of paramount importance in the area of general mobility, maintaining body functions, and enhancing the whole early learning processes of social interaction, the building of self-esteem and the achievement of life goals. Other people's perception of an individual, and that individual's perception of themselves will be greatly affected by physical appearance as well as mental achievement.

Self- esteem issues

- Low self-esteem has been implicated in overweight and obesity, anxiety, depression, suicide, and delinquence.
- Only modest correlations between school performance and self-esteem, and these correlations do not indicate that high self-esteem causes good performance. Attempts to increase students' self-esteem have not produced improvements in academic performance (Davies & Brember, 1999).
- Adult job performance is linked to self-esteem, but the correlations vary greatly and the direction of the causation is not clear. Occupational success might lead to higher self-esteem, but the opposite might occur.
- Self-esteem is strongly related to happiness, and it seems likely that high self-esteem increases happiness, whereas depression lowers it
- Self-esteem is related to perceived physical appearance. For example, researchers have found that in adolescence, global self-esteem is correlated more strongly with physical appearance than with scholastic competence, social acceptance, behavioral conduct, and athletic competence. This association between perceived physical appearance and self-esteem is not confined to adolescence but holds across the life span from early childhood through middle age
- A large number of studies have found that individuals with low self-esteem report that they feel more depressed than individuals with high self-esteem. Low self-esteem has also been impli-cated in suicide attempts and anorexia nervosa.

Developmental Changes

Self-concept and esteem fluctuates throughout one's life. A study focused on both developmental changes and gender differences. Self-esteem decreased in adolescence, increased in the twenties, leveled off in the thirties, rose in the fifties and sixties, and then dropped in the seventies and eighties.). In most age periods, the self-esteem of males was higher than the self-esteem of females.

Infancy-

Infants begin to develop a self understanding called self-recognition at approximately 18 months of age. They don't recognize themselves in the mirror till around the age of 1. The different interactions they have with their family and care-givers is what shapes their development.

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Childhood and adolescence-

At a young age, an individual has a very inflated image of themselves. At the age of 8, however, these views become more realistic

- During childhood, psychological characteristics and traits develop.
- There is a rise in comparing themselves to their peers. (Social comparisons)
- The difference between real self and ideal self becomes apparent.

A trend shows that during adolescence, individuals have low self-esteem, however, it has been shown that adolescents have positive self-image. Gender differences are a crucial part of self-esteem issues at the beginning of adolescence.

- Abstract and idealistic thinking
- Self-consciousness.
- Contradictions within the self
- The fluctuating self
- Real and ideal selves
- Self-integration

Adulthood-

It is said that during adulthood, self-esteem lowers. But, research shows that there is not much change or variation. One starts becoming completely self-aware during this period and is fully conscious of their self-concept. It is the time where people review themselves, and the lives they've led so far.

Why might self-esteem decline for some older adults? Explanations include deteriorating physical health and negative societal attitudes toward older adults, although these factors were not examined in the large-scale study just described. Researchers have found that in late adulthood, being widowed, institutionalized, or physically impaired, having a low religious commitment, and experiencing a decline in health are linked to low self-esteem

GENDER DIFFERENCES AND GENDER ROLE STANDARDS (as defined by reference book Santrock)

Gender refers to the characteristics of people as females and males.
Gender Identity involves the sense of one's own gender, which include the knowledge, understanding and acceptance of being male or female.
Gender roles are sets of expectations that prescribe how males and females should think, act and feel.
Gender typing refers to the acquisition of a traditional masculine or feminine role.

Influences on Gender

Biological Influences

Biological influences on gender include heredity, hormones and evolution. A 23rd pair of chromosomes with two X- shaped chromosomes produces a female whereas a 23rd pair of chromosomes with one X-shaped and another Y-shaped chromosome produces a male.

Estrogen primarily influences the development of female physical sex characteristics and help regulate the menstrual cycle. (important estrogen is estradiol)

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Androgens primarily promote the development of male genitals nd secondary sex characteristics. (an important androgen is testosterone)

Evolutionary psychologists argue that adaptation during the evolution of humans produced psychological differences between males and females.

Social Influences

Some psychologists believe that gender differences are due to social experiences. Three theories that reflect this view are:

Eagly's **Social Role Theory** states that psychological gender differences result from the contrasting roles of women and men.	Freud's **Psychoanalytic Theory of Gender** suggests that preschool children develop sexual attraction to the opposite sex parent. At 5 or 6, they renounce these feelings because of anxiety and subsequently identity with the same sex parent an unconsciously adopt the characteristics of the same sex parent.	**Social Cognitive Theory of Gender** suggests that a child's gender development occurs through observation and imitation of gender behaviour, as well as the rewards and punishments they experience for behaviours believed to be appropriate or inappropriate for their gender.

Cognitive Influences

Gender Schema Theory states that gender-typing emerges as children gradually develop gender schemas of what is gender-appropriate or gender-inappropriate in their culture.
Gender schema organises the world into male and female.

Gender Development Through Life Span

Childhood
Children form many ideas of the differences between sex from abput 1 ½ to 3 years of age. The amount, timing and intensity of gender socialization differs for boys and girls. Researchers have found that effeminate behaviour in boys elicits more negative emotions than masculine behaviour in girls. Boys might have a more difficult time in learning the masculine gender roles because male models are less accessible and the messages about male roles are inconsistent. Concern about the ways boys are being brought up has been called a "national crisis of boyhood" by William Pollack.

Adolescence
During early adolescence, individuals develop the adult, physical aspects of their sex. With the onset of puberty, girls and boys experience an intensification of gender-related expectations.

The **Gender Intensification Hypothesis** states that psychological and behavioral differences between boys and girls become greater during early adolescence because of increased pressure to conform to traditional feminine and mascuine gender roles.

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Adulthood and Ageing

Many experts argue that it is important for women to retain their relationship strengths but also to put more energy into self-development. They place high value on relationships and focus on nurturing their connections with others. Tannen stresses that many women prefer rapport talk and many men prefer report talk. **Rapport talk** refers to the language of conversation; a way to establish connections and negotiate relationships; preferred by women. **Report talk** refers to the language designed to give information; a communication style preferred by men.

Men have been successful at achieving career goals, but the male role involves considerable strain. There is diversity in men's experiences, just as there is in wom- en's. Men seem to become more nurturant and sensitive when they get older, but there is mixed evidence about whether women tend to become more assertive and dominant as they get older.

Ageing. Research suggests that older men become more *feminine* (nurturant, sensitive) but it appears that older women do not necessarily become more *masculine* (assertive, dominant)

Use of Field experiments to study development (not there in the textbook)

Field Experiment
Field experiments are done in the everyday (i.e. real life) environment of the participants. The experimenter still manipulates the independent variable, but in a real-life setting (so cannot really control extraneous variables).

An example is Holfing's hospital study on obedience.

- Strength: behavior in a field experiment is more likely to reflect real life because of its natural setting, i.e. higher ecological validity than a lab experiment.
- Strength: There is less likelihood of demand characteristics affecting the results, as participants may not know they are being studied. This occurs when the study is covert.
- Limitation: There is less control over extraneous variables that might bias the results. This makes it difficult for another researcher to replicate the study in exactly the same way.

Q/A

Q1. Seema, an 18 year old, belieshed she needed a time-out period to develop her identity. What is the term Erikson coined for 'time out period'?

Ans. **Psychosocial moratorium**, which is Erikson's term for the gap between childhood security and adult autonomy. During this period they explore their identity.

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Q2. What are the limitations of Marcia's theory?

Ans. Marcia's approach has been sharply criticized by some researchers who conclude that it oversimplifies Erikson's concepts of crisis and commitment and doesn't examine them deeply enough. According to Marcia (1987, 1996), at least three aspects (*diffusion, foreclosure*, or *moratorium*) of the young adolescent's development are important to identity formation. Researchers have developed a consensus that the key changes in identity are most likely to take place in emerging adulthood, the period from about 18 to 25 years of age, not adolescence. A study found that as individuals matured from early adolescence to emerging adulthood, they increasingly engaged in in-depth exploration of their identity. The studies also found that a large portion of individuals were not identity achieved by the time they reached their twenties. Resolution of the identity issue during adolescence and emerging adulthood does not mean that identity will be stable through the remainder of life.

Q3. An 18 year old boy Tim's parents want him to be a medical doctor, so he is planning on majoring in pre medicine in college and has not explored other options; Nineteen-year-old Sasha is not quite sure what life paths she wants to follow, but she recently went to the counseling center at her college to find out about different careers; Twenty-one-year-old Marcelo extensively explored several career options in college, eventually getting his degree in science education, and is looking forward to his first year of teaching high school students.
Explain Marcia's identity statuses using the above examples.

Ans. Eighteen-year-old Tim's parents want him to be a medical doctor, so he is planning on majoring in pre medicine in college and has not explored other options; he is ***identity foreclosed*****.** Identity foreclosure is the status of individuals who have made a commitment but have not experienced a crisis.
Nineteen-year-old Sasha is not quite sure what life paths she wants to follow, but she recently went to the counseling center at her college to find out about different careers; she is in ***identity moratorium*** status. Identity moratorium is the status of individuals who are in the midst of a crisis but whose commitments are either absent or vaguely defined.
Twenty-one-year-old Marcelo extensively explored several career options in college, eventually getting his degree in science education, and is looking forward to his first year of teaching high school students; he is ***identity achieved*****.** Identity achieved is the status of individuals who have undergone a crisis and have made a commitment.

Q4. A 13 year old adolescent has neither begun to explore her identity in any meaningful way nor made an identity commitment. Name the identity status she is in.

Ans. Identity Diffusion. The identity status of those individuals who have not experienced a crisis or made a commitment.

Q5. Explain Kohlbergs's theory of moral development.

Ans. Lawrence Kohlberg suggested that there are 6 stages of moral development. Development from one stage to the other is fostered by the opportunities to take up the perspective of others and to experience conflict between one's current stage of moral thinking and reasoning of someone at a higher stage.
Level 1. Preconventional Reasoning. This is the lowest level of moral thinking, where good and bad are interpreted in terms of external rewards and punishments. The two stages in level 1 are - *Stage 1.* **Heteronomous Morality**. At this stage, moral thinking is tied to punishment. *Stage 2.* **Individualism, instrumental purpose, and exchange**. At this stage, individuals reason that pursuing their interests is the right thing to do and also let others do the same. They think that what is right involves equal exchange. (if they are nice to others, others will be nice in return).

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Level 2. Conventional Reasoning. At this level, individuals apply certain standards but these are the standards set by other people such as parents or the government. *Stage 3.* **Mutual interpersonal expectations, relationships, and interpersonal conformity**. At this stage, individuals value trust, caring, loyalty to others as the basis of moral judgement. They often adopt their parent's moral standards and seek to be thought of by their parents as 'good'. *Stage 4.* **Social system morality**. At this stage, moral judgements are based on understanding the social order, law, justice and duty. **Level 3. Postconventional Reasoning.** At this level, the individual recognizes alternative moral courses, explores options and then decides on a personal moral code. *Stage 5.* **Social contract or utility and individual rights.** At this stage, individuals reason that values, rights and principles transcend the law. They evaluate the validity of actual laws and social systems in terms of the degree to which they preserve and protect fundamental human rights and values. *Stage 6.* **Universal ethical principles.** At this stage, the individual has developed a moral standard based on universal human rights. When faced with a conflict between law and conscience, they reason that they should follow conscience even if risky.

Q6. Discuss the goodness of fit in the context of temperament.

Ans. **Goodness of fit** refers to the match between a **child's temperament** and the **environmental demands the child must cope with.** When children are prone to distress, as exhibited by frequent crying and irritability, their parents may eventually respond by ignoring the child's distress or trying to force the child to "behave". In order to deal with a child's temperament positive parenting strategies must be adopted, such as - providing extra support and training for mothers so as to improve the quality of mother - infant interaction, providing high warmth and low use of harsh control to increase the children's effortful control,etc.

Q7. Adolescence is a period of storm and stress. Discuss.

Ans. Adolescence has long been described as a time of **emotional turmoil.** As individuals go through **early adolescence,** they are **less likely** to report being **very happy**. **Moodiness** is a normal aspect of early adolescence. **Depression** is also more common in adolescence than in childhood, and it is increasing among adolescents. Although **pubertal change** is associated with an increase in **negative emotions**, hormonal influences are often small, and **environmental experiences** may contribute more to the emotions of adolescents than **hormonal changes** do.

Q8. Give examples of two self evaluative emotions.

Ans. Self-conscious emotions/ self evaluative emotions are emotions which require self-awareness that involves consciousness and a sense of "me." Self-conscious emotions include **jealousy, empathy, embarrassment, pride, shame, and guilt**—most of these occurring for the first time at some point after 18 months of age when a sense of self becomes consolidated in toddlers.

Q9. Mention the two differences between constructive play and functional play.

Ans. When children manipulate their environment to create things, they are engaged in constructive play. Example - experimenting with materials, they can build towers with blocks, construct objects with miscellaneous loose parts, play in the sand, and draw sidewalk murals with chalk. Constructive play is most popular for children ages. Functional play can be defined as play with toys or objects according to their intended function (e.g., rolling a ball, pushing a car on the floor,

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pretending to feed a doll). Children between the age 12-18 Months indulge in this sort of play.

Q10. Mention two positive parenting strategies for dealing with a child's temperament.

Ans. In order to deal with a child's temperament a positive parenting strategy is providing extra support and training for mothers of distress-prone infants improves the quality of mother-infant interaction. Researchers also have found that decreases in infants' negative emotionality are linked to higher levels of parental sensitivity, involvement, and responsiveness. The use of positive parenting, including high warmth and low use of harsh control, to increase children's effortful control.
(1. Provide extra support and training for mothers as to improve the mother - infant interaction.
2. Providing high warmth and low use of harsh control to increase children's effortful control.)

Unit 5 : Psychosocial development

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B) Socio- cultural Influences

1. Development of Attachment- Bowlby's theory
2. Adolescent relationships: Family, Peers, Adult society, Adult life; vocational adjustment,
3. Foundations of intimate relationships; friendship, love, and sexuality;
4. Marriage: Marital adjustment and conditions influencing it.
5. Parenthood and parenting styles: adjustment to parenthood.
6. Coping with Midlife crisis, changes in relationships,
7. ageing and theories of ageing,
8. Stages and patterns of grieving- Cultural Difference, Indian philosophy-
9. four stages of a life and expectations

Attachment

Attachment refers to **strong feelings of affection or loyalty for someone or something.**
Attachment can be defined as **a deep and enduring emotional bond between two people in which each seeks closeness and feels more secure when in the presence of the attachment figure.**

FEATURES

Proximity Maintenance - the need to be physically close to the attachment figure.
Separation Anxiety - the emotional distress seen when separated from the attachment figure.
Safe Haven - retreating to the attachment figure when scared.
Secure Base - a feeling of being able to explore the world because of the dependability of the

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attachment figure.

Functions

1. It guarantees that the basic needs of children are met, in return, parents' needs are also met.
2. It provides the child with a sense of security.
3. It facilitates exploration and independent functioning in the child.
4. If a person is attached to another person, it focuses that person's attention on the attached person.
5. It provides a model and experience with relationships that then influence the development of future relationships.

Development of Attachment

Infancy and Childhood

- **Social Orientation**

Infants are captivated by their social world. Young infants will stare intently at faces and are attuned to the sounds of human voices, especially those of their caregivers.
Face-to-face play often begins to characterize caregiver-infant interactions when the infant is about 2 to 3 months of age. The focused social interaction of face-to-face play may include vocalizations, touch, and gestures.
At this age, most infants expect people to react positively when the infants initiate a behavior, such as a smile or a vocalization. This finding has been discovered by use of a method called the still-face paradigm, in which the caregiver alternates between engaging in face-to-face interaction with the infant and remaining still and unresponsive.

- **Locomotion**

As infants develop the ability to crawl, walk, and run, they are able to explore and expand their social world. These newly developed self-produced locomotor skills allow the infant to independently initiate social interchanges on a more frequent basis.

- **Intention, Goal-Directed Behavior, and Cooperation**

Joint attention occurs when the caregiver and infant focus on the same object or event. By their first birthday, infants have begun to direct the caregiver's attention to objects that capture their interest.
Perceiving people as engaging in intentional and goal-directed behavior is an important social cognitive accomplishment that initially occurs toward the end of the first year
Cooperating with others also is a key aspect of effectively engaging with others in the social world.

- **Social Referencing**

Developing the ability to "read" the emotions of other people.
Social referencing is the term used to describe "reading" emotional cues in others to help determine how to act in a specific situation.

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Infants become better at social referencing in the second year of life. At this age, they tend to "check" with their mother before they act; they look at her to see if she is happy, angry, or fearful.

- **Infants' Social Sophistication and Insight**

Infants are more socially sophisticated and insightful at younger ages than was previously envisioned. Such sophistication and insight are reflected in infants' perceptions of others' actions as intentionally motivated and goal-directed, their motivation to share and participate in that intentionality, and their increase in emotion understanding and communication by their first birthday.

These social cognitive skills could be expected to influence infants' understanding and awareness of attachment to a caregiver.

ADOLESCENCE

- **Attachment to Parents**

Secure attachment to parents in adolescence facilitates the adolescent's social competence and wellbeing, as reflected in such characteristics as self-esteem, emotional adjustment, romantic relationship outcomes, and physical health.
Adolescents who were securely attached at 14 years of age were more likely to report at age 21 that they were in an exclusive relationship, comfortable with intimacy in relationships, and attaining increased financial independence.
Adolescents and emerging adults from 15 to 20 years of age found that insecure attachment to mothers was linked to becoming depressed and remaining depressed.

- **Dating and Romantic Relationships**

Adolescents not only have attachments to their parents but also to romantic partners
Adolescents spend considerable time either dating or thinking about dating, which has gone far beyond its original courtship function to become a form of recreation, a source of status and achievement, and a setting for learning about close relationships.

ADULTHOOD

Attachment and romantic relationships continue to be very important aspects of close relationships in adulthood.

- **Linking Infant Attachment to Adult Attachment**

Adults may count on their romantic partners to be a secure base to which they can return and obtain comfort and security in stressful times

a) Secure attachment style

Securely attached adults have positive views of relationships, find it easy to get close to others, and are not overly concerned with, or stressed out about, their romantic relationships. These adults tend to enjoy sexuality in the context of a committed relationship and are less likely than others to

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have one-night stands.

b) Avoidant attachment style

Avoidant individuals are hesitant about getting involved in romantic relationships and once in a relationship tend to distance themselves from their partner.

c) Anxious attachment style

These individuals demand closeness, are less trusting, and are more emotional, jealous, and possessive.

- **Attachment from Early to Late Adulthood**

a) Older adults have fewer attachment relationships than younger adults.

b) With increasing age, attachment anxiety decreases .

c) In late adulthood, attachment security is associated with psychological and physical well-being .

d) Insecure attachment is linked to more perceived negative caregiver burden in caring for patients with Alzheimer disease.

John Bowlby's Evolutionary Theory of Attachment

John Bowlby was a Child Psychiatrist and Psychoanalyst, and the first attachment theorist, describing attachment as a '**lasting psychological connectedness between human beings**.' According to Bowlby, attachment is characterized by specific behaviors in children, such as seeking proximity to the attachment figure when upset or threatened. He believed attachment to be an all or nothing process. Bowlby was heavily influenced by **ethology**, especially by ethologist **Lorenz's study of imprinting**, which showed that attachment was **innate** (in young ducklings) and therefore has a **survival value**. Thus, Bowlby's attachment theory stated that a child has an **innate** (i.e. inborn) need to attach to one main attachment figure (i.e. monotropy) ; Bowlby's monotropic theory of attachment suggests that attachment is important for a **child's survival**.
The child's attachment relationship with their primary caregiver leads to the development of an **internal working model**. According to Bowlby, an internal working model is a **mental representation of our relationship with our primary caregiver that becomes a template for future relationships and allows individuals to predict, control and manipulate their environment.** The Internal Working Model is a vital part of personality and a guide for all future close relationships.

4 PHASES OF ATTACHMENT DEVELOPMENT

John Bowlby viewed the first 3 years as the most sensitive period for attachment. According to

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Bowlby, following are the 4 phases of attachment:

- Pre attachment Phase (Birth – 2 months)
- "Attachment in Making" Phase (2 months – 7 months)
- "Clear Cut" Attachment Phase (7 Months - 24 months)
- Formation Of Reciprocal Relationship (24 months onwards)

1. **PRE ATTACHMENT PHASE (birth - 2 months)**
   - The innate signals attract the caregiver (grasping, gazing, crying, smiling while looking into the adult's eyes).
   - When the baby responds in a positive manner ,the caregivers remain close by.
   - The infants get encouraged by the adults to remain close as it comforts them.
   - Babies recognize the mother's fragrance, voice and face.
   - They are not yet attached to the mother and don't mind being left with unfamiliar adults as they have no fear of strangers.

2. **"ATTACHMENT IN MAKING" PHASE (2 months - 7 months)**

   - Infants respond differently to familiar caregivers than to strangers. The baby would smile more to the mother and babble to her and would become quiet more quickly, whenever picked by the mother.
   - The infant learns that his/her actions affect the behavior of those around.
   - They tend to develop a "Sense of Trust" where they expect the response of the caregiver, when signalled.
   - They do not protest when they get separated from the caregiver.

3. **"CLEAR CUT" ATTACHMENT PHASE (7 months - 24 months)**

   - The attachment to a familiar caregiver becomes evident.
   - Babies show "separation anxiety", and get upset when an adult on whom they rely, leaves them.
   - This anxiety increases b/w 6 -15 months, and its occurrence depends on the temperament and the context of the infant and the behavior The child would show signs of distress, in case the mother leaves, but with the supportive and sensitive nature of the caretaker, this anxiety could be reduced.

4. **FORMATION OF RECIPROCAL RELATIONSHIP (24 months onwards)**

With rapid growth in representation and language by 2 years, the toddler is able to understand a few factors that influence parent's coming and going, and can predict their return. Thus leading to a

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decline in separation protests.

- The child can negotiate with the caregiver to alter his/her goals via requests and persuasions.
- Child depends less on the caregiver along with the age.

Bowlby's first formal statement of attachment theory was published in ***:The Nature of the Child's Tie To His Mother (1958).***
According to him, maternal separation in kids can be seen through 3 phases - **a) Protest, b)Despair, c) Detachment.**

STRENGTHS

- Dominant explanation of why the attachment develops and how?
- Imprinting is supported by Lorenz's ducklings.
- Bowlby suggests that attachment evolved as an aid to survival. In case it's true, then attachment and caregiving behavior must be universal in all cultures irrespective of the differences in the practices of child rearing - for which there is supporting evidence.

WEAKNESSES

- Evolutionary ideas like attachment theory are very difficult for testing and also difficult to prove or disprove.
- Bowlby's attachment theory focuses on the mother's role. There is evidence that in two parent families, a father's quality of attachment can also have a big impact on the child's behavior and development.

Styles Of Attachment

Attachment is a special emotional relationship that involves an exchange of comfort, care, and pleasure.

Psychologist **Mary Ainsworth** devised an **assessment technique** called the **Strange Situation Classification (SSC)** in order to investigate how attachments might vary between children.
Mary Ainsworth and Bell (1978) assessed about 100 American infants between the ages of 12 to 18 months and their primary caregivers for the quality of attachment and found **4** major styles of attachment. Ainsworth's Strange Situation Assessment followed this basic sequence:

1. Parent and child are alone in a room.
2. The child explores the room with parental supervision.
3. A stranger enters the room, talks to the parent, and approaches the child.
4. The parent quietly leaves the room.

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5. The parent returns and comforts the child.

There are four major styles of attachment that people form early in life and generally tend to keep into adulthood. These styles are: **a) Secure Attachment, b) Avoidant Attachment, c) Resistant Attachment, d) Disorganized Attachment**

SECURE ATTACHMENT

Characteristics -
As Children

- Separates from parent
- Seeks comfort from parents when frightened
- Greets return of parents with positive emotions
- Prefers parents to strangers

As Adults

- Have trusting, lasting relationships
- Tend to have good self-esteem
- Share feelings with partners and friends
- Seek out social support

AVOIDANT ATTACHMENT

Characteristics -
As Children

- May avoid parents
- Do not seek much contact or comfort from parents
- Show little or no preference for parents over strangers

As Adults

- May have problems with intimacy
- Invest little emotion in social and romantic relationships
- Unwilling or unable to share thoughts or feelings with others

RESISTANT ATTACHMENT

Characteristics -
As Children

- May be wary of strangers
- Become greatly distressed when parents leave
- Do not appear comforted when parents return

As Adults

- Reluctant to become close to others
- Worry that their partner does not love them
- Become very distraught when relationships end

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DISORGANIZED ATTACHMENT

Characteristics -

At Age 1

- Show a mixture of avoidant and resistant behavior
- May seem dazed, confused, or apprehensive

At Age 6

- May take on a parental role
- Some children may act as a caregiver toward the parent

Reciprocal socialization is socialization that is **bidirectional**; children socialize with parents just as parents socialize with children. Two types of Reciprocal socialization - **Synchrony** (spontaneous rhythmic coordination of actions, emotions, thoughts, and physiological processes across time between two or more individuals) and **scaffolding** (instructional method in which the process of problem solving is demonstrated from a knowledgeable person to a child or novice).
Multiple developmental trajectories refers to the fact that adults follow one trajectory or pattern of development and children another one.

Individuation refers to adolescents' struggle for autonomy and personal identity. It refers to the process of forming a **stable personality**. As a person individuates, he gains a clearer *sense of self* that is separate from parents and others around him.

Adolescent and Peers

Adolescents spend more time with peers. Although 1-to-1 friendships still continue, **cliques** – structured groups of friends who do things together – become more important.

A larger type of grouping, the **crowd**, is not based on personal interactions but on reputation, image, or identity. Crowd membership is a **social construction**, a set of labels by which young people divide the social map based on neighborhood, ethnicity, socio-economic status or factors.

Romantic Relationships are a **central part** of most adolescents' social worlds. It tends to become more intense and more intimate across adolescence.

- Early adolescents think primarily about **how** a romantic relationship may affect their status in a peer group.
- Middle adolescents have at least one exclusive partner lasting for several months or a year and the effect of the choice of partner on peer status tends to become less important.
- In late adolescence, romantic relationships begin to serve a spectrum of **emotional needs** that such relationships can serve and then only in relatively long-term relationships.

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Single Adults

Singlehood

state of being single and especially unmarried

Pulls	Pushes
•Psychological and Social autonomy	Poor communication
•Mobility	Limited mobility
•Self sufficiency	Sexual frustration
•Sexual freedom	Restrictions of monogamy
•Plurality of roles	Lack of friends
•Exciting lifestyles	Fear of Divorce
•Variety of experiences	Limited availability of new experiences

- Advantages and Disadvantages of Singlehood.
  - Personal freedom, financial independence, privacy, and greater opportunities to pursue careers are major advantages.
  - Loneliness and lack of companionship, being excluded from couple events, not having children, and social disapproval are some major disadvantages.

Gay & Lesbian Adults

The Cass **identity model** is one of the fundamental theories of gay and lesbian **identity development**, developed in 1979 by **Vivienne Cass**. This **model** was one of the first to treat gay people as normal in a heterosexist society and in a climate of homophobia instead of treating **homosexuality** itself as a problem.

According to Cass Identity Model, there are 6 stages of coming out -
STAGE 1: Identity Confusion - Characterized by feelings of turmoil, in which one questions previously held assumptions about one's sexual orientation.
STAGE 2: Identity Comparison - Characterized by feelings of alienation in which one accepts that possibility of being gay or lesbian and becomes isolated from non-gay others.
STAGE 3: Identity Tolerance - Characterized by feelings of ambivalence in which one seeks out other gays and lesbians but maintains separate public and private images.
STAGE 4: Identity Acceptance - Characterized by selective disclosure in which one begins the legitimization (publicly as well as privately) of one's sexual orientation.
STAGE 5: Identity Pride - Characterized by anger, pride, and activism in which one becomes immersed in the gay subculture and rejects non-gay people, institutions, and values.
STAGE 6: Identity Synthesis - Characterized by clarity and acceptance in which one moves beyond the dichotomized worldview to an incorporation of one's sexual orientation as one aspect of a more integrated identity.

1. Awareness of same sex attraction 8-11 yrs

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2. Same sex behaviour 12-15 yrs
3. Identification as gay or lesbian 15-18 yrs
4. Disclosure to others – 17-19 yrs (Coming out process)
5. Developing same sex romantic relationships 18-20 yrs

Cohabiting Adults

Cohabitation refers to living together in a sexual relationship without being married. Cohabitation is similar to marriage, but it lacks formal legal, cultural, and religious support. Couples create emotional and physical relationships with each other, and in some cases they also bear or rear children.

Pulls	**Pushes**
• Desire for intimacy	Loneliness
• Strong physical attraction	Sexual frustration
• Testing compatibility for marriage	High expenses of living & Fear of marital commitment

Advantages and Disadvantages of Cohabitation.

- Advantages: a better understanding of self, greater knowledge of what is involved in living with another person, increased and interpersonal skills.
- Disadvantages: a lack of social support and conflict with a partner over domestic tasks, potential instability of the relationship, legal ambiguity, and loss of other relationships.

Q. What is the legal status of cohabiting relationships in India?

Regarding the legal status of live in relationship / cohabiting in India, the Supreme Court has ruled that any of the couples who are cohabiting together for a very long period of time, they will be presumed as legally married unless proven otherwise.

Married Adults

Divorced Adults

Remarried Adults

Vocational Adjustment

Vocational Adjustment refers to the degree to which an individual succeeds in choosing the kind of work or career best suited to his or her interests, traits, and talents.

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Q. What are the patterns of occupational adjustment among middle aged adults?

- Occupational Patterns :

Middle aged workers fit into **2** descriptions :

- Being at the peak of their careers or
- At the threshold of a new vocation due to re-evaluation during midlife or setback at the workplace.

Pattern 1 : Stable careers	**Pattern 2 : Changing careers**
- Benefits of experience : personal and for society - Position of increased power and responsibility. - However there is a gender difference where women continue to have problems in terms of hiring, advancement and pay. -Men tend to fall into two categories namely workaholics and mellowed. -Workaholics may work to secure themselves financially or find it hard to give up power. -Mellowed have come to terms with their careers and are more relaxed, steadier and cynical in attitude and do not base their emotional well being on work.	- Longer life expectancies make people take the risk of career changes ; uncontrollable circumstances such as job loss ; to avoid competition from younger people ; seek greater challenges - Common events of midlife which prompt career switch are : - Many women especially tend to return to the workforce due the empty nest stage or financial demands or financial freedom from providing for the family; easing of mortgage ; inability to adjust to retirement ; divorce ; widowhood.

Q. Why do middle aged people change jobs?

- Primary motivation is **OCCUPATIONAL STRESS**.
- Sources of occupational stress are lack of promotions or raises ; repetitive work ; no input into decision making ; heavy workload or overtime(“job strain”) ; unclear job description ; relationships problems ; inability to multitask ; sexual harassment ; inadequate breaks ; workplace conflicts; unemployment ; lack of positive feelings about oneself.
- Sources of occupational stress can also be in the nature of the job such as the caregiving sector ; subordination where workers experience pressure and authoritarian treatment.

Intimacy

Intimacy refers to a process of interaction in which social partners, as a result of sharing personal and private thoughts and feelings, come to feel understood, appreciated, and cared for by each other. It promotes mutual acceptance and respect , responsiveness to another’s needs, self disclosure , sense of belonging.
Intimacy is widely regarded as one of the key processes governing close relationships.

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Relationship

Relationship is a particular type of connection between two or more entities or phenomena. A binding, usually continuous association between individuals wherein one has some influence on feelings or actions of the other.
Relationships are based on **friendship**, **love** and **sexuality**.

FRIENDSHIP	LOVE	SEXUALITY
APA Dictionary of Psychology defines Friendship as - A voluntary relationship between two or more people that is relatively long-lasting and in which those involved tend to be concerned with meeting the others' needs and interests as well as satisfying their own desires. Friendships frequently develop through shared experiences in which the people involved learn that their association with one another is mutually gratifying **Q. Characteristics of friendship during adolescence?** Adolescent friendships are one of the central social relationships of this developmental period. Friendships evolve in adolescence from a common interest in activities to a sharing of opinions, emotions and feelings. Friendships are relatively **conflict free** in adolescence. They can be characterised by three main elements: **trust, communication and intimacy.** In contrast to parent-adolescent relationships, friendships are **voluntary** and based on **equality** and **reciprocity**.	APA Dictionary of Psychology defines Love as - A complex emotion involving strong feelings of affection and tenderness for the love object, pleasurable sensations in his or her presence, devotion to his or her well-being, and sensitivity to his or her reactions to oneself. **Robert Sternberg's triangular theory of love** proposes that love is composed of **3** distinct but interrelated components: **intimacy** (which involves feelings of closeness, connectedness, and bondedness)**, passion** (which involves feelings and desires that lead to physical attraction, romance, and sexual consummation) and **commitment** (which involves feelings that lead a person to remain with someone and move toward shared goals). The triangular theory allows for **8** types of love: **non-love / empty love, liking, infatuation, empty, romantic, companionate, fatuous,** and **consummate**	APA Dictionary of Psychology defines Sexulaity as - All aspects of sexual behavior, including gender identity, orientation, attitudes, and activity. **Sexuality** is one of the fundamental drives behind everyone's feelings, thoughts, and behaviors; it shapes the brain and body to be pleasure - seeking. 3 views on sexual attitudes and behaviour: • Reproductive attitudes towards sex (Purpose of sexualy activity is approached with this) • Recreational view (Males approach sexual behaviour with this) • Relational view (Females approach sexuality with this) Some of the changes in sexual attitudes & behaviour are: • Pre-marital and multiple sexual relations (which carries with it health hazards.) • Extramarital relations • Sexual practices and customs

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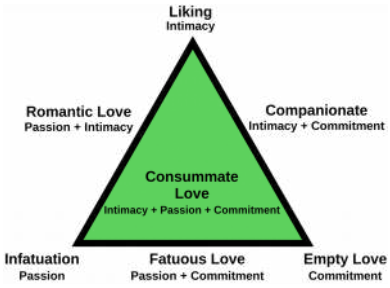
Friendships which develop during early adolescence provide opportunities for **interpersonal intimacy** and a **validation of one's own self-worth** as well as a context for the **acquisition of social** and **relationship skills** such as **increased sensitivity to another's needs** and **desires.** Same - sex friendships act as **necessary precursors** to the more **intimate romantic relationships** that develop in later adolescence.		On the whole there are differences in adults' attitudes depending on their gender, education, religious views , education etc.

Marriage

APA Dictionary of Psychology defines Marriage as - The social institution in which two (or, less frequently, more) people commit themselves to a socially sanctioned relationship in which sexual intercourse is legitimated and there is legally recognized responsibility for any offspring as well as for each other.

There are **4** areas of adjustment namely : a) Spouse, b) Sexual, c) Financial, d) In-laws

SPOUSE	SEXUAL	FINANCIAL	IN - LAWS
Factors - 1. Concept of ideal partner 2. Similarity of backgrounds,Common interests, Similarity of values 3. Fulfilment of needs 4. Role concepts/ expectations 5. Change in life pattern 6. Experience in interpersonal relationships 7. Emotional regulation and expression ; willingness to communicate and be open	Factors - 1. Attitudes towards sex 2. Sexual drive 3. Early marital sexual experiences 4. Attitudes towards use of contraceptives 5. Effects of sexual health	Factors - 1. Financial dependency – Work after marriage? 2. Expectations of spouses – What do they spend money on? 3. Desire for material possessions for social mobility	Factors - 1. Stereotypes 2. Desire for independence 3. Family cohesiveness 4. Social mobility 5. Care of elderly relatives 6. Financial support of in laws

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PARENTHOOD AND PARENTING STYLE

1. PARENTING

Parenting involves the process of **raising children** and providing them with **protection and care** in order to ensure their healthy **development into adulthood**.
It is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood.

2. TIMING OF PARENTHOOD

As birth control has become common practice, many individuals consciously choose when they will have children and how many children they will rear.
There are two timings of parenthood: **Early Parenthood and Late parenthood.**
Early Parenthood: Refers to having children early (in the twenties).
Few advantages of Early Parenthood:

- The parents are likely to have more physical energy. For example, they can cope better with such matters as getting up in the middle of the night with infants and waiting up until adolescents come home at night.
- The mother is likely to have fewer medical problems with pregnancy and childbirth.
- The parents may be less likely to build up expectations for their children, as do many couples who have waited many years to have children.

Late Parenthood: Refers to having children later (in the thirties or after).
There are few advantages:

- The parents have had more time to consider their goals in life, such as what they want from their family and career roles.
- The parents are more mature and are able to benefit from their experiences to engage in more competent parenting.
- The parents are better established in their careers and have more income for child-rearing expenses.

3. TRANSITION TO PARENTHOOD

- Whether people become parents through pregnancy, adoption, or stepparenting, they face disequilibrium and tend to slowly adapt into their respective roles
- According to a research conducted, most couples enjoyed more positive marital relations before the baby was born than after.
- Babies opened men up to a concern with intimate relationships, and the demands of juggling work and family roles stimulated women to manage family tasks more efficiently and pay attention to their own personal growth.
- **The Bringing Baby Home project:** It is a workshop for new parents that helps couples strengthen their relationship, understand and become acquainted with their baby, resolve

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conflict, and develop parenting skills.

PARENTS MANAGING CHILDREN'S LIVES

Parents can play important roles as managers of children's opportunities, as monitors of their lives, and as social initiators and arrangers.To help children and adolescents reach their full potential, an important parental role is to be an effective manager—one who finds information, makes contacts, helps structure choices, and provides guidance. Parents who fulfill this important managerial role help children and adolescents to avoid pitfalls and to work their way through the myriad choices and decisions they face.

There are many Aspects to this role of parents:

1. Managing and Guiding Infants' Behavior

Important aspects of parenting infants involve managing and guiding their behavior in an attempt to reduce or eliminate undesirable behaviors. This management process includes :

- Being proactive and childproofing the environment so infants won't encounter potentially dangerous objects or situations
- Engaging in corrective methods when infants engage in undesirable behaviors, such as excessive fussing and crying, throwing objects
- As infants move into the second year of life and become more mobile and capable of exploring a wider range of environments, parental management of the toddler's behavior often includes increased corrective feedback and discipline

2. Parents as Regulators of Children's Activities

Parents can serve as regulators of opportunities for their children's activities.From infancy through adolescence, mothers are more likely than fathers to have a managerial role in guiding and managing the activities in which children participate. The management of activities includes:

- Infancy: Taking a child to a doctor and arranging for child care
- Early childhood: Decision about which preschool the child should attend and contacting other parents who have young children whom their child can play with.
- Late childhood: Directing the child to take a bath, to match their clothes and wear clean clothes, and to put away toys
- Adolescence: Participating in a parent-teacher conference and subsequently managing the adolescent's homework activity

3. Parental Monitoring and Adolescents' Information Management

A key aspect of the managerial role of parenting is effective monitoring, which is especially important as children move into the adolescent years.

- Monitoring includes supervising adolescents' choice of social settings, activities, and friends as well as their academic efforts
- High level of parental monitoring within the context of parental warmth is linked to positive

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academic outcomes for ethnic minority youth

- Low parental monitoring was a key factor in predicting a developmental trajectory of delinquency and substance use in adolescence
- When parents engage in positive parenting practices, adolescents are more likely to disclose information. For example, disclosure increases when parents ask adolescents questions and when adolescents' relationship with parents is characterized by a high level of trust, acceptance, and quality
- Three ways that parents can engage in parental monitoring are solicitation (asking questions), control (disclosure rules), and when youth don't comply, snooping.

PARENTING STYLE

Parenting involves the process of raising children and providing them with protection and care in order to ensure their healthy development into adulthood.
There are different styles of parenting such as:

1. **Baumrind's parenting style**

Baumrind's theory was developed by Diana Baumrind. This theory suggests that there is a close relationship between the type of parenting style and children's behavior. Different parenting styles can lead to different child development and child outcomes**.**
Diana Baumrind argues that parents should be neither punitive nor aloof. Rather, they should develop rules for their children and be affectionate with them. She has described four types of parenting styles:

Authoritarian parenting

It is a **restrictive, punitive style** in which parents exhort the child to follow their directions and respect their work and effort. The authoritarian **parent places firm limits and controls** on the child and allows little verbal exchange. Authoritarian parents also might spank the child frequently, enforce rules rigidly but not explain them, and show rage toward the child. An authoritarian parent might say, "You will do it my way or else."
Children of authoritarian parents are often **unhappy, fearful, and anxious about comparing themselves with others, fail to initiate activity, and have weak communication skills**.
Authoritarian parents are unresponsive to their children's needs and are generally not nurturing. They usually justify their mean treatment of their kids as tough love.

Authoritative parenting

This style of parenting **encourages** children to be independent **but still places limits and controls** on their actions. Extensive verbal give-and-take is allowed, and parents are warm and nurturant toward the child. An authoritative parent might put his arm around the child in a comforting way and say, "You know you should not have done that. Let's talk about how you can handle the situation better next time." Authoritative parents show pleasure and support in response to children's constructive behavior. They also expect mature, independent, and age-appropriate behavior by children.
Children whose parents are authoritative are often **cheerful, self-controlled, self reliant, and achievement-oriented**; they tend to maintain friendly relations with peers, cooperate with adults,

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and cope well with stress

Neglectful parenting

It is a style in which the parent is very uninvolved in the child's life. Children whose parents are neglectful develop the sense that other aspects of the parents' lives are more important than they are. These children tend to be socially incompetent. Many have poor self control and don't handle independence well. They frequently have low self-esteem, are immature, and may be alienated from their family. In adolescence, they may show patterns of truancy and delinquency.

Indulgent parenting

is a style in which parents are highly involved with their children but place few demands or controls on them. Such parents let their children do what they want. The result is that the children never learn to control their own behavior and always expect to get their way. Some parents deliberately rear their children in this way because they believe the combination of warm involvement and few restraints will produce a creative, confident child. However, children whose parents are indulgent rarely learn respect for others and tend to have difficulty controlling their behavior. They might be domineering, egocentric, and noncompliant, and have difficulties in peer relations.

2. **Punishment**

Punishment is defined as a consequence that follows an operant response that decreases (or attempts to decrease) the likelihood of that response occurring in the future**.**

A parent may feel compelled to yell, spank, or remove every privilege a child has ever had in an effort to send a clear message that his behavior better change "or else." Punishment is about controlling a child, rather than teaching the child how to control himself.

Harsh punishment like corporal (physical) punishment can cause kids to dwell on their anger toward the person inflicting the pain, rather than the reason they got in trouble.

Reasons for avoiding spanking or similar punishments include the following:

- When adults punish a child by yelling, screaming, or spanking, they are presenting children with out-of-control models for handling stressful situations. Children may imitate this behavior. •
- Punishment can instill fear, rage, or avoidance. For example, spanking the child may cause the child to avoid being near the parent and to fear the parent. •
- Punishment tells children what not to do rather than what to do. Children should be given constructive feedback, such as "Why don't you try this?" •
- Parents might unintentionally become so angry when they are punishing the child that they become abusive.

3. **Co-parenting**

Co-parenting refers to the support that parents provide one another in jointly raising a child. The relationship between marital conflict and the use of punishment highlights the importance of co-

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parenting, which is the support that parents provide one another in jointly raising a child. Poor coordination between parents, undermining of the other parent, lack of cooperation and warmth, and disconnection by one parent are conditions that place children at risk for problems.

CHILD MALTREATMENT

Child abuse: The term used most often by the public and many professionals to refer to both abuse and neglect.Unfortunately, punishment sometimes leads to the abuse of infants and children .
Child maltreatment: The term increasingly used by developmentalists in referring not only to abuse and neglect but also to diverse conditions.

Types of Child Maltreatment :

- **Physical abuse** is characterized by the infliction of physical injury as a result of punching, beating, kicking, biting, burning, shaking, or otherwise harming a child. The parent or other person may not have intended to hurt the child; the injury may have resulted from excessive physical punishment.
- **Child neglect** is characterized by failure to provide for the child's basic needs. Neglect can be physical (abandonment, for example), educational (allowing chronic truancy, for example), or emotional (marked inattention to the child's needs, for example). Child neglect is by far the most common form of child maltreatment.
- **Sexual abuse** includes fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials. Unlike physical abuse, many cases of sexual abuse produce no outward physical signs that abuse has taken place.
- **Emotional abuse** (psychological/verbal abuse/mental injury) includes acts or omissions by parents or other caregivers that have caused, or could cause, serious behavioral, cognitive, or emotional problems

Developmental Consequences of Abuse

The consequences of child maltreatment are poor emotion regulation, attachment problems, problems in peer relations, difficulty in adapting to school, and other psychological problems such as depression and delinquency during childhood and adolescence**.**

- Maltreated young children in foster care were more likely to show abnormal stress hormone levels than middle young children living with their birth family.
- Adolescents who experienced abuse or neglect as children are more likely than adolescents who were not maltreated as children to engage in violent romantic relationships, suicide attempts, delinquency, sexual risk taking, and substance abuse .
- Young adults who had experienced child maltreatment, especially physical abuse, at any age were more likely to be depressed and engage in suicidal ideation.
- Individuals who were maltreated as children are more likely to experience physical, emotional, and sexual problems.

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- As adults, maltreated children are also at higher risk for violent behavior toward other adults — especially dating partners and marital partners—as well as for substance abuse, anxiety, and depression.

PARENT-CHILDREN RELATIONSHIP

1. Parent-Adolescent Relationships

Important aspects of parent-adolescent relationships include autonomy/attachment and conflict.

Autonomy is typically defined as functioning independently without control by others; however, autonomy is not just about being independent. It is about parenting in a way that a child feels comfortable to be herself and is comfortable in her own body.

- The young adolescent's push for autonomy and responsibility puzzles and angers many parents. Parents see their teenager slipping from their grasp. They may have an urge to assert stronger control as the adolescent seeks autonomy and responsibility. Heated emotional exchanges may ensue, with either side calling names, making threats, and doing whatever seems necessary to gain control
- The ability to attain autonomy and gain control over one's behavior in adolescence is acquired through appropriate adult reactions to the adolescent's desire for control . At the onset of adolescence, the average individual does not have the knowledge to make mature decisions in all areas of life. As the adolescent pushes for autonomy, the wise adult relinquishes control in those areas in which the adolescent can make reasonable decisions but continues to guide the adolescent to make reasonable decisions in areas where the adolescent's knowledge is more limited

Attachment parenting focuses on the nurturing connection that parents can develop with their children. That nurturing connection is viewed as the ideal way to raise secure, independent, and empathetic children.

Securely attached infants use the caregiver as a secure base from which to explore the environment. Connect to "Emotional Development and Attachment."

- Many adolescents have a fairly stable attachment style but that attachment stability increases in adulthood. Adults often have more stable social environments than adolescents and have had more time to consolidate their attachment style
- Most consistent outcomes of secure attachment in adolescence involve positive peer relations and development of the adolescent's emotion regulation capacities
- Studies have found that adolescents who had attempted suicide were less securely attached to their mothers and fathers, and avoidant attachment predicted suicidal behavior in adolescents

Conflict can be defined as an aspect of the parent–child relationship that is characterized by disagreeing or bitter interactions during which both the parent and child display negative behaviors and affect.

- Much of the conflict involves the everyday issues of family life, such as keeping a

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bedroom clean, dressing neatly, getting home by a certain time, and not talking incessantly on the phone. The conflicts rarely involve major dilemmas such as drugs and delinquency.

- Conflict with parents often escalates during early adolescence, remains somewhat stable during the high school years, and then lessens as the adolescent reaches 17 to 20 years of age.
- The increased conflict in early adolescence may be due to a number of factors:
  The biological changes of puberty
  Cognitive changes involving increased idealism and logical reasoning
  Social changes focused on independence and identity
  Maturational changes in parents
  Expectations that are violated by parents and adolescents

2. Adults' Relationships with Their Parents

- Adults' relationships with their parents improve when they leave home. They often grow closer psychologically to their parents and share more with them than they did before they left home.
- challenges in the parent–emerging adult relationship involve the emerging adult's possessing adult status in many areas while still depending on parents in some manner
- parents often provide support for their emerging adult children even after they leave home. This might be accomplished through loans and monetary gifts for education or purchase of a car, financial contributions to living arrangements, and emotional support.
- parents act as "scaffolding" and "safety nets" to support their children's successful transition through emerging adulthood

AGEING

Aging refers to growing older. Ageing, progressive physiological changes in an organism that lead to a decline of biological functions and of the organism's ability to adapt to metabolic stress.

SOCIAL THEORIES OF AGEING

1. Socioemotional selectivity theory

This theory states that older adults become more selective about their social networks and often seek greater emotional quality in relationships with friends and family. Socioemotional selectivity theory also focuses on the types of goals individuals are motivated to achieve as they go through the adult years. Connect to "Emotional Development and Attachment."

One explanation for prioritizing meaningful relationships when getting older is the increasingly limited time left in life .

2. Disengagement theory

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This theory states that to cope effectively, older adults should gradually withdraw from society. This theory was proposed in 1961 by Cumming & Henry. The theory that, to cope effectively, older adults should gradually withdraw from society is not supported by research.

In this view, older adults develop increasing self-preoccupation, lessen emotional ties with others, and show decreasing interest in society's affairs. By following these strategies of disengagement, it was thought that older adults would enjoy enhanced life satisfaction. This theory generated a storm of protest and met with a quick death.

3. **Activity theory**

The theory states that the more active and involved older adults are, the more likely they are to be satisfied with their lives. Thus, activity theory is the exact opposite of disengagement theory.

One longitudinal study found that a greater overall activity level (which included social activities such as visiting relatives or friends, solitary activities such as hobbies, and productive activities such as volunteer work and gardening) at the beginning of the study was related to greater happiness, better physical and cognitive functioning, and reduced mortality six years later.

Another study found that older adults who increased their leisure time activity were three times more likely to have a slower progression to having a functional disability.

4. **Ageism**

Prejudice against people because of their age, especially prejudice against older adults. Ageism is widespread. One study found that men were more likely to negatively stereotype older adults than were women . Research indicates that the most frequent form of ageism is disrespect for older adults, followed by assumptions about ailments or frailty caused by age. However, the increased number of adults living to older ages has led to active efforts to improve society's image of older adults, obtain better living conditions for older adults, and gain political clout to address issues involving this group.

BIOLOGICAL THEORIES OF AGEING - **Already Covered in Unit 2**

SOCIAL SUPPORT AND SOCIAL INTEGRATION

Social support: For older adults, social support is related to their physical and mental health as well as their life satisfaction. It is linked with a reduction in symptoms of disease, with the ability to meet one's own health-care needs, and increased longevity. A higher level of social support also is related to a lower probability of an older adult being institutionalized and depressed. Older adults who experienced a higher level of social support showed later cognitive decline than their counterparts with a lower level of social support.

Social Integration: Social integration also plays an important role in the lives of many older adults. A recent study found that older adults with higher levels of social integration were less depressed. Older adults tend to report being less lonely than younger adults and less lonely than would be expected based on their circumstances. The most consistent factor that predicted loneliness in older adults at 70, 78, and 85 years of age was not being married. The most important predictors of feeling lonely are anxiety and depressive symptoms, living alone, and low social participation.

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COPING MID LIFE CRISIS

MID LIFE CRISIS

Q. What is the 'quarter life crisis'?

Midlife crisis or Quarter life crisis refers to a stressful life period precipitated by the review and reevaluation of one's past, typically occurring in the early to middle forties. Changes in personality and lifestyle during the early to middle forties are often attributed to the midlife crisis, a supposedly stressful period triggered by review and reevaluation of one's life. The midlife crisis was conceptualized as a crisis of identity; indeed, it has been called a **second adolescence**.

- In some normative crisis models, middle aged adults report a stressful life period precipitated by the review reevaluation of one's past, typically occurring in the early to mid-forties.
- The inevitability of mortality, dissatisfaction of life's goals ; not achieving life's goals leads to a strong desire to restructure life.
- Midlife Review : Introspective examination that often occurs in middle age leading to an reappraisal and revision of values and priorities.

How a person copes with midlife crisis depends on

- Individual personality rather than age.
- Ego resiliency – the ability to adapt flexibly and resourcefully to potential sources of stress is a decisive factor as to how middle aged adults cope with this part of their life.

COPING

Coping is adaptive thinking or behaviour aimed at decreasing stress arising from threatening, challenging or harmful conditions.

MODELS OF COPING:

- **Adaptive Defense by George Valliant**

Adaptive or mature defenses (altruism, sublimation, sup- pression, humor, anticipation) are common among the mentally healthy and become more salient as individuals mature from adolescence to midlife. These defenses are described in terms of not only the specific means by which they serve to ward off anxiety and manage conflict, but also how they often transcend their role as defenses by contributing to the creation of new "products" of value, such as new meanings, perspectives, modes of relating, and works of art or science.

- **Cognitive Appraisal Model by Lazarus & Folkman**

According to this theory, stress is perceived as the imbalance between the demands placed on the individual and the individual's resources to cope.

Lazarus argued that the experience of stress differs significantly between individuals depending on how they interpret an event and the outcome of a specific sequence of thinking patterns, called appraisals.

Cognitive appraisal refers to the personal interpretation of a situation that ultimately influences the extent to which the situation is perceived as stressful. It is the process of assessing

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(a) whether a situation or event threatens our well-being,
(b) whether there are sufficient personal resources available for coping with the demand of the situation
(c) whether our strategy for dealing with...

- **Religion**

Religious coping refers to the use of religious beliefs or practices to cope with stressful life situations. Research has shown that religious beliefs and practices can help people to cope with difficult situations such as physical illnesses , stress and depression. Religious coping encompasses religiously framed cognitive, emotional, or behavioral responses to stress. It may serve many purposes, including achieving meaning in life, closeness to God, hope, peace, connection to others, self-development, and personal restraint.

STAGES AND PATTERNS OF GRIEVING

Grief can be described as the intense emotional and physical reaction that an individual experiences following the death of a loved one.
•Grief-Emotional Response to bereavement
•**Grief Work**- Pattern of working out psychological issues connected with grief
•Stages of Grief:

1.Shock and Disbelief

Grief is an overwhelming emotion. It's not unusual to respond to the intense and often sudden feelings by pretending the loss or change isn't happening. Denying it gives you time to more gradually absorb the news and begin to process it. This is a common defense mechanism and helps numb you to the intensity of the situation.

2.**Preoccupation with their memories**

Not only is grief characterised by deep sadness but also by an intense yearning to be with that person again.

3.Resolution

Resolution is not necessarily a happy or uplifting stage of grief. It doesn't mean you've moved past the grief or loss. It does, however, mean that you've accepted it and have come to understand what it means in your life now. You may feel very different at this stage. That's entirely expected. You've had a major change in your life, and that upends the way you feel about many things.

CHANGES IN RELATIONSHIP

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A relationship is any association between persons, amounting to mutual familiarity, mutual awareness of one another's identities, and meaningful understanding of their relations to one another.
Multiple developmental trajectories: Refers to the fact that adults follow one trajectory or pattern of development and children another one.

Parent-children relationship: refer to the above notes.
Q. What is adolescent Rebellion?
Adolescent Rebellion refers to the pattern of emotional turmoil which is a characteristic of a minority of adolescents that may involve conflict with family, alienation from adult society, reckless behaviour, and rejection of adult values. Teenage rebellion is a sign of teens separating from parents in their **transition to adulthood.**

<u>Changing Time Use and Changing Relationships</u>

- One way to measure changes in adolescents' relationship with the important people in their lives is to see how they spend their discretionary time.
- Cultural Variations in time use reflect varying cultural needs, values, and practices.

1. **Adolescents and Parents**

The degree of conflict and openness of communication – are grounded largely in the emotional closeness developed in childhood; and adolescent relationships with parents, in turn, set the stage for the quality of the relationship with a partner in adulthood.

2. **Individuation and Family Conflict Individuation**

Individuation - Adolescents struggle for autonomy and personal identity.

- The process of forming a stable personality. As a person individuates, he gains a clearer *sense of self* that is separate from parents and others around him.

3. **Adolescents and Siblings**

Q. How do sibling relationships change from childhood to adolescence?

- Adolescents spend more time with peers. Although 1-to-1 friendships still continue, *cliques* – structured groups of friends who do things together – become more important.
- A larger type of grouping, the crowd, is not based on personal interactions but on reputation, image, or identity. Crowd membership is a social construction, a set of labels by which young people divide the social map based on neighborhood, ethnicity, socio-economic status or factors.

4. **Romantic Relationships**

Romantic Relationships are a central part of most adolescents' social worlds. It tends to become more intense and more intimate across adolescence.

- Early adolescents think primarily about how a romantic relationship may affect their status in a peer group.

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- Middle adolescents have at least one exclusive partner lasting for several months or a year and the effect of the choice of partner on peer status tends to become less important
- In late adolescence, romantic relationships begin to serve the full gamut of emotional needs that such relationships can serve and then only in relatively long-term relationships.

5. Relationships based on alternative sexuality

- Widely proposed model of development of Homosexual identity (Cass, 1972)
- .Awareness of same sex attraction 8-11 yrs
- Same sex behaviour 12-15 yrs
- Identification as gay or lesbian 15-18 yrs
- .Disclosure to others – 17-19 yrs (Coming out process)
- Developing same sex romantic r'ships 18-20 yrs

In general , Coming out occurs in 4 stages : Recognition of being homosexual ;getting to know other homosexuals ; telling family and friends ; Complete openness (healthy acceptance of sexuality

INDIAN PHILOSOPHY: (Varnashrama Dharma) FOUR STAGES OF LIFE AND EXPECTATIONS

Human life is believed to comprise **four stages of social Organisation**. These are called "**Ashramas**" and every person should ideally go through each of these stages:
The First Ashrama: "**Brahmacharya**" or the Student Stage
The Second Ashrama: "**Grihastha**" or the Householder Stage
The Third Ashrama: "**Vanaprastha**" or the Hermit Stage
The Fourth Ashrama: "**Sannyasa**" or the Wandering Ascetic Stage

A crucial piece of the ashrama lifecycle is its focus on **Dharma**, the concept of moral rightness. Dharma underlies many themes in life, and in the four ashramas, dharma is learned, practiced, taught and realized.

- Ashrama Dharma to regulate an individual's social life.

1. BRAHMACHARYA

- Brahmacharya is a period of **formal education** lasting until around age 25.
- The student leaves home to stay with a guru and attain both **spiritual and practical knowledge.**
- The student has two duties: **to learn the skills of his life and to practice unwavering devotion to his teachers.**

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- The stage starts with the **initiation ceremony** called **Upanayanam**
- To bring an individual closer to **life purpose and the teacher a.k.a guru**
- They wear the sacred thread, yajnopavita known for dwija or twice-born.

2. GRIHASTHA

- This Second Ashrama begins at **marriage** when one must undertake the responsibility for earning a living and supporting a family.
- This ashrama lasts until around the age of 50.
- At this stage, dharma is pursued , but they also pursue wealth or material gratification as a necessity, and indulge in **sexual pleasure**, under certain defined social and cosmic norms.

3. VANAPRASTHA

- The Vanaprastha stage is one of **gradual withdrawal**
- It consists of the **third quarter** of man's life
- The inner call of **vairagya(detachment)** insists to give up all that is in his own
- The person's **duty as a householder comes to an end**: He has become a grandfather, his children are grown up and have established lives of their own.
- At this age, he should renounce all physical, material, and sexual pleasures, retire from his social and professional life and leave his home for a forest hut where he can **spend his time in prayers.**

4. SANNYASA

- Ashrama 4 is one of **renunciation and the realization of dharma**.
- The person moves into **spiritual seeking** and starts his role as a **Spiritual Guru**
- At this stage, a person is supposed to be totally **devoted to God**. He is a sannyasi, he has no home, no other attachment; he has renounced all desires, fears, hopes, duties, and responsibilities
- He is virtually merged with God, all his worldly ties are broken, and his sole concern becomes attaining moksha or release from the circle of birth and death

Q. What form of discipline do parents use?

Answer: **Punishment**

Punishment is defined as a consequence that follows an operant response that decreases (or attempts to decrease) the likelihood of that response occurring in the future**.**

A parent may feel compelled to yell, spank, or remove every privilege a child has ever had in an effort to send a clear message that his behavior better change "or else." Punishment is about controlling a child, rather than teaching the child how to control himself.

Harsh punishment like corporal (physical) punishment can cause kids to dwell on their anger

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toward the person inflicting the pain, rather than the reason they got in trouble.
Reasons for avoiding spanking or similar punishments include the following:

- When adults punish a child by yelling, screaming, or spanking, they are presenting children with out-of-control models for handling stressful situations. Children may imitate this behavior. •
- Punishment can instill fear, rage, or avoidance. For example, spanking the child may cause the child to avoid being near the parent and to fear the parent. •
- Punishment tells children what not to do rather than what to do. Children should be given constructive feedback, such as "Why don't you try this?" •
- Parents might unintentionally become so angry when they are punishing the child that they become abusive.

Q. How do parenting styles and practices influence child development?
Ans: Baumrind's parenting style
Baumrind's theory was developed by Diana Baumrind. This theory suggests that there is a close relationship between the type of parenting style and children's behavior. Different parenting styles can lead to different child development and child outcomes**.**
Diana Baumrind argues that parents should be neither punitive nor aloof. Rather, they should develop rules for their children and be affectionate with them. She has described four types of parenting styles:

1. Authoritarian parenting

It is a **restrictive, punitive style** in which parents exhort the child to follow their directions and respect their work and effort. The authoritarian **parent places firm limits and controls** on the child and allows little verbal exchange. Authoritarian parents also might spank the child frequently, enforce rules rigidly but not explain them, and show rage toward the child. An authoritarian parent might say, "You will do it my way or else."
Children of authoritarian parents are often **unhappy, fearful, and anxious about comparing themselves with others, fail to initiate activity, and have weak communication skills**.
Authoritarian parents are unresponsive to their children's needs and are generally not nurturing. They usually justify their mean treatment of their kids as tough love.
problems

2. Authoritative parenting

This style of parenting **encourages** children to be independent **but still places limits and controls** on their actions. Extensive verbal give-and-take is allowed, and parents are warm and nurturant toward the child. An authoritative parent might put his arm around the child in a comforting way and say, "You know you should not have done that. Let's talk about how you can handle the situation better next time." Authoritative parents show pleasure and support in response to children's constructive behavior. They also expect mature, independent, and age-appropriate behavior by children.
Children whose parents are authoritative are often **cheerful, self-controlled, self reliant, and**

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achievement-oriented; they tend to maintain friendly relations with peers, cooperate with adults, and cope well with stress

3. Neglectful parenting

It is a style in which the parent is very uninvolved in the child's life. Children whose parents are neglectful develop the sense that other aspects of the parents' lives are more important than they are. These children tend to be socially incompetent. Many have poor self control and don't handle independence well. They frequently have **low self-esteem, are immature, and may be alienated from their family**. In adolescence, they may show patterns of truancy and delinquency.

4. Indulgent parenting

is a style in which parents are highly involved with their children but place few demands or controls on them. Such parents let their children do what they want. The result is that the children never learn to control their own behavior and always expect to get their way. Some parents deliberately rear their children in this way because they believe the combination of warm involvement and few restraints will produce a creative, confident child. However, children whose parents are indulgent **rarely learn respect for others and tend to have difficulty controlling their behavior**. They might be domineering, egocentric, and noncompliant, and have difficulties in peer relations.

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